

# AMERICAN VETERINARY REVIEW.

MAY, 1898.

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*All communications for publication or in reference thereto should be addressed to Prof. Roscoe R. Bell, Seventh Ave. & Union St., Borough of Brooklyn, New York City.*

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## EDITORIAL.

### ENTRANCE REQUIREMENTS REDUCED TO TWENTY-FOUR COUNTS IN NEW YORK STATE.

At a conference of representatives of the veterinary schools and the Board of Regents of the Empire State the situation was thoroughly discussed, and the absolute fatality of the present entrance requirements, coming as they did with such suddenness, was shown and acknowledged, we believe, by all present. In support of the high standard, it was maintained that all professional schools were seriously affected in their attendance upon the inauguration of such an event, but that the reaction was so much in their favor that their classes were augmented beyond their former dimensions. Such a state of affairs was predicted for the veterinary colleges, but when it was shown that the demoralization of their classes amounted to their extinction, the gravity of the situation became apparent to all, and, for the first time since the act became a law, some consideration for these old and honorable institutions was exhibited. The collegians were as unanimous and hearty in their demands for as high a standard as possible as the Regents' representatives; but they condemned in unmeasured terms the methods which were enforced by the statute to accomplish that object. They showed that no such precipitate action had been taken in the case of any other of the learned professions; that years of preparation were given them before the maximum counts were enforced, while this, the youngest and most helpless of any,

had been brought up with a sharp turn, crushing every representative except the one endowed by the State's bounty.

At the conclusion of the conference, it was understood that the Regents would ask for authority to postpone the enforcement of the 48-count requirement for a few years, and we are pleased to quote from a recent letter of Mr. James Russell Parsons, Jr., the following explanatory paragraphs:

REGENTS' OFFICE, ALBANY, N. Y., April 15, 1898.

*Prof. Roscoe R. Bell, New York:*

DEAR SIR.— . . . Inclosed please find new circular relative to requirements for admission to the study of the several professions. You will note the announcement that for matriculates before January 1, 1900, veterinary student certificates may be granted for two years of satisfactory high school work or its equivalent, or for 24 academic counts. As we are now permitted to accept partial equivalents, veterinary schools will be allowed to matriculate conditionally any student who can satisfy the Regents that he has had a satisfactory high school course of one full year, the condition of 12 academic counts to be made up before beginning the second annual course counted toward the degree.

The veterinary law states that candidates for veterinary degrees must have passed Regents' examinations equivalent to the minimum requirement for candidates for medical or dental degrees in this State. Now, turning to the medical law, we find that for matriculates before January 1, 1897, the requirement in Regents' examinations was 24 academic counts. Yesterday morning I was assured by Deputy Attorney-General Hasbrouck that we should be justified in ruling that veterinary schools might for the present matriculate candidates for degrees on the 24 academic count standard.

Very truly yours,

JAMES RUSSELL PARSONS, JR.

So that it is assured that students entering the New York veterinary colleges for the next two years may do so under the two-year high school standard, 12 counts of which must be possessed at the time of matriculation, and the remaining 12 before beginning the second session. For this material concession the schools should be thankful, and we trust they may be in position to accept the higher requirement at the close of the probationary period without that shock which the abrupt enforcement produced at the beginning of the last session.

The REVIEW stands for fair play. It championed the cause

of the private veterinary colleges because it believed they had been ignored and injured, and it takes some pride in the announcement of the action of the Regents, whom it congratulates upon their appreciation of the integrity of the Commonwealth towards its chartered institutions, and their material assistance to the efforts of veterinarians to raise their schools and their profession to the highest possible standard.

Having accomplished this much, the REVIEW admonishes the schools to use every effort to profit by the opportunity, to the end that they may reap that reward to which they are so justly entitled.

### EUROPEAN CHRONICLES.

SEROTHERAPY.—The application of serotherapy is gradually spreading all over Europe. In England, in some parts of the Continent, tetanus now is very commonly treated with anti-tetanic serum, while in France it seems yet to be limited only to prevent its appearance. But it is not only for that disease that serotherapy is resorted to in veterinary medicine. Infectious pneumonia and purpura hæmorrhagica (anasarca) are also submitted to the same medication.

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PURPURA.—In the United States a few practitioners have used injections of serum in the treatment of this affection, and some very interesting cases have been recorded by practitioners in the pages of our American journals. These cases, however, have been only a few,—and probably the treatment has not yet entered into the general practice of American veterinarians, because it is a new treatment, which in their estimation has not yet proved itself.

The relation of the observations made by MM. Moulleron and Rossignol deserve on that account professional notice.

In a recent communication on which Mr. Cagny had to make a report, they presented very interesting statistics. First they gave the number of cases that were treated by what might be called some of the classical treatments (209 subjects) during

the ten years previous to the discovery of the application of serotherapy; and showed that out of these there had been 161 deaths—enormous fatality. In a second list, and as a comparison, they gave the number of cases treated by serotherapy as 62, with 51 recoveries and only 11 deaths. Satisfactory results, all in favor of the new treatment and certainly sufficient to encourage its introduction on a large scale.

The treatment as followed by the authors lasted between two and ten days—exceptionally in one case 21 days. The quantity of serum injected varied in several cases from 20 to 110 c.c.

In relation to the nature and the development of the disease, there is a point of peculiar importance which is also presented in the communication. It is this, that while purpura is not a contagious disease in the true sense of the word, experience seems to show that, as much as it is for tetanus, the too long sojourn of an animal in a locality already occupied by individuals diseased with purpura, may promote in him the appearance of the disease.

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INFECTIOUS PNEUMONIA.—The application of serotherapy to this disease has been made with two objects in view, as prophylactic and curative. The preparation of the preventive serum of Prof. Lignieres has been and is now tested with results which are not sufficient to positively decide as to its value. Comparatively a new discovery, there are probably some things imperfect in its preparation and in its application, which demand further investigations and experiments, before its effects can be established with positive certainty. In this point the serum of Prof. Lignieres is passing through the same road as others which are now enjoying an undisputed reputation. Time will tell.

If the prophylactic application of serotherapy against infectious pneumonia remains yet a question to study, according to the experiments made by Drs. Della Noce and Giancola, recorded in the *Clinica Veterinaria*, its effects as a curative agent can no longer be ignored, and the results which they have ob-

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tained by its use prove its superiority over all other forms of treatment. By subcutaneous injections of serum, varying in number from two to seven, say on an average of four a day, of 100 c.c., they have seldom failed to observe a rapid improvement in their general condition: "*if the colt presented a depressed condition, with dyspnoeic respiration, accelerated pulse, depression of the nervous system, comatous, staggering gait, with anorexia, one was surprised to observe the rapid improvement of the general condition and to notice after four injections the disappearance of the loss of strength, of the loss of appetite and of the comatous state.*"

In a table comparing the results of their observations made in 374 cases, the benefits obtained by serotherapy over other forms of treatment leave no longer a doubt as to its efficacy. Of those 374 animals 97 were treated by injections of serum, 27 by tracheal iodo-iodurate injections (method of Levi) and 250 by mixed treatments. The results leave no doubt—95 recoveries, 2 deaths with serum treatment; 21 recoveries, 6 deaths with Levi's method; 217 recoveries, 33 deaths with the other forms—or a mortality of 2.06, 22.22, 13½ according to classes.

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INTESTINAL CALCULI.—The history of these foreign developments is well known and there remains but little, if anything, now to write on it. Their mode of growth, the starting point of their formation, the symptoms they give rise to and their peculiar location according to size in the intestinal tract, are familiar to all, and there is scarcely a veterinarian who has not met with them in his practice. It is true that often the diagnosis of their presence has not been made before death, and often also it has been only at the post-mortem that they have been discovered. And, yet, it seems that now and then some unusual case can be seen which in its entire relation differs from the general course, and to this class belongs one which I have heard related lately by M. Butel at the Société Centrale de Medecine Veterinaire.

The subject was a horse, whose age, made approximatively,

was about fifteen years. He was taken with abdominal pains, without the manifestations of intestinal obstructions, as he had and was passing fæces at the time. The animal was seen by M. Butel, who obtained this fact from making a rectal examination. After four or five hours of suffering without relief, the animal died, and the post-mortem revealed the presence of peritonitis, with partial laceration of the intestines and a large number of calculi. One, very enormous, was found at a short distance from the end of the large colon; as big as the head of a large-sized man, it weighed 5 kilograms (10 pounds), and measured 0.57 centimeters in diameter. Besides this, there were some 500 smaller calcareous masses, varying in size from that of a lentil to that of a five-franc piece (a silver dollar); a certain number of metallic pieces, partly covered with calcareous deposits, amongst which were five nails, five pieces of wire. To complete this singularity of the return of the number five in the record of this case, it is amusing to remark that the patient died on the fifth of the month, that five days before his attack he had travelled a distance of forty-five kilometers and that previous to his sickness he had eaten five or six litres of oats.

As remarked by the clever editor of one of the French veterinary periodicals, for this poor horse thirteen was not the ill-omened number—his was five.

However, with the large size of the principal stone, the case is certainly worthy of a place in the history of these affections by the enormous number of smaller calculi found, the fact that almost to the time of death the very large calculus had not interfered with the expulsions of fæcal matters, and that notwithstanding its very large dimensions, which must have required a very long time to reach the point where it was, the horse had enjoyed comparatively good health, with only occasional attack of mild colic.

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ICE TREATMENT IN PNEUMONIA.—Shall I speak to the readers of the REVIEW of this new(?) treatment, recommended by M. Brun in a paper that he read recently at the Société

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Centrale, and in which he claimed to have obtained some great successes and rapid recoveries, even in some very severe cases, principally by the application of packs of crushed ice on the sides of the chest? This is probably the treatment by the cold sheet, recommended by the Germans, I believe, in the treatment of pneumonia in man, and which was tried some years ago, and which M. Brun is trying to revive. Whether its value will be proved and its introduction in our therapeutics sanctioned remains yet in doubt; the number of cases upon which it has been tried is yet too small to justify it, and certainly at first thought its beneficial effects are difficult to understand.

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COMPARATIVE PATHOLOGY—MEASLES.—While its contagion from man to man is a fact acknowledged and no longer discussed, its transmission to animals has not yet been established in a positive manner.

A French physician, Dr. A. Josias, in connection with Prof. Nocard, has recently carried out a number of experiments with the effect of deciding, or at least advancing, the question. The nasal cavities and the throat of pigs and monkeys were contaminated with mucosities from diseased children and subcutaneous injections of blood from those same children were made in the abdominal region of the subjects of experiment.

The results in pigs were all negative; those on the monkeys, however, were most instructive. Eight monkeys were experimented upon, three of them contracted measles, absolutely similar to that of children; five, on the contrary, remained refractory.

One of the monkeys took the disease by simple contagion, the others by inoculation.

These experiments are of great interest and were the subject of a special communication at the Academy of Medicine in Paris. They demonstrate positively that an animal can take measles; that monkeys are susceptible to it and that some species of that family are more liable than others.

A. L.

INCLUDED in the report of the Committee on Intelligence and Education of the Pennsylvania State Veterinary Medical Association, read at the annual meeting in March, occurs this paragraph: "Great opposition has been raised in New York State by the action of the State Examining Board in making the standard of entrance so high. We have been informed that no less than eight bills are before the Legislature at the present time for the purpose of having the standard lowered." As the above paragraph is so pregnant with misstatements, and so misrepresents the situation in this State, we feel that the facts should be stated to the profession. The State Examining Board has absolutely nothing to do with the entrance requirements; they examine candidates for license to practice only, the Board of Regents being the censor of the qualification of the students entering the colleges. While the committeeman has been informed of eight bills before the Legislature to reduce the high standard, the REVIEW knows of not one. While about that number of bills bearing upon the profession in one sense or another were presented at the last session, none had for their object the reduction of the counts required by the Regents. We are glad to say, however, that the force of argument and sound judgment has accomplished that important object, which is announced elsewhere in this issue.

WE are glad to announce that the threatened financial interference with the efficient work of the Pennsylvania State Live Stock Sanitary Board has been averted, and that its offices are being fulfilled as before. It would be a great crime against the health and wealth of the State should such narrow-minded politics prevail.

THE uncertainty of safety in American bottoms upon the high seas during the present war with Spain will not seriously interfere with the exportation of horses, as the vessels of neutral nations will be safe convoys of our live stock.

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## ORIGINAL ARTICLES.

## CAUDAL MYOTOMY VS. CLITORIDOTOMY.

BY W. L. WILLIAMS, D. V. S., ITHACA, N. Y.

From the Surgical and Obstetric Clinic, New York State Veterinary College.

Various accounts appear in current veterinary literature, from time to time, of the successful treatment of vicious mares by the removal of the clitoris. It is well known that many, or in fact practically all, of these vicious mares, when kicking or balking, tend to concomitantly switch the tail violently, urinate repeatedly, open and close the vulva rapidly, projecting and withdrawing the clitoris, and in general showing signs which suggest undue sexual excitement.

Apparently regarding this female penis as the seat of important sexual functions, operators have removed it in lieu of castration, though it is known that such animals continue to menstruate and breed as if nothing had occurred, and yet it is claimed that its removal subdues or ameliorates the vice.

Being skeptical upon the question, two cases have entered the college clinic which may suggest a new view of the *modus operandi* of the removal of the clitoris, because in these two cases the viciousness was removed without recourse to genital surgery.

*Case I.*—A small, rugged, common-bred, aged mare, which had acquired the vice of gripping the reins with the tail, followed by kicking, urinating, etc., and running away, becoming wholly unmanageable, except by tying the tail securely to harness or thill.

The base of each depressor muscle was separately dissected out and cut away for a distance of five inches. The tail was dressed daily until healed, when it was found that the patient had lost her viciousness along with the gripping of the reins.

*Case II.*—A well-bred trotting mare, used for butcher's delivery, had contracted vicious habits, like the previous case,



and had finally become unmanageable after one year's annoyance and danger to the driver.

This animal would constantly try to kick whenever she could catch the rein or when the breeching would press against her in going down hill, the kicking being accompanied by switching of the tail and urination.

Placed upon the operating table she was treated the same as the previous animal by student L., and being released was immediately hitched to the wagon and has been kept daily at work without any suggestion of vice.

We have observed equally prompt subsidence of vice in geldings after this operation.

The technique of our operation is extremely simple: the animal being secured in the lateral recumbent position and the necessary antiseptic precautions taken, an elastic bandage is applied firmly from the apex upward to the base of the tail in order to render it bloodless, a tourniquet of pure gum tubing applied closely to the base of the tail, the compression bandage removed and the operation field rendered aseptic.

The tail being sharply flexed dorsally by an assistant, a linear incision is made over each depressor coccygeus muscle midway between the ischio-coccygeus and inferior border of levator coccygeus, beginning close against the tourniquet and extending for about five inches towards the apex of the tail, severing the skin and caudal aponeurosis, exposing the bare muscle. The latter is readily separated from its enveloping aponeurosis either with the blade or handle of the scalpel, the envelope being lifted from the muscle with a tenaculum or retractor. A small probe-pointed bistoury is next inserted at the base of the incision on either side of the muscle and the latter completely severed. The dissection is now completed by cutting away the vertebral attachments of the muscle down to the distal end of the initial incision, where it is excised in the same manner as at the base.

The prolongation of the ischio-coccygeus is left intact. The muscles removed, the cavities remaining are tamponaded with cotton or gauze of the form and size of the muscle removed,

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sutures being omitted. The tampon may be aseptic, or, as we use it, antiseptic, being saturated with 1 to 1000 sublimate solution, a pad of cotton saturated in the same solution spread over the wounds and the tail firmly bandaged, the tourniquet being removed after the bandaging has been completed as well up to it as possible.

The removal of the tourniquet is the signal for rather profuse hæmorrhage, which quickly subsides. The hæmorrhage appearing so quickly serves to eliminate any irritation from the sublimate within the wound. The bandage is removed after 24 hours and fresh dressing applied and in 48 hours the bandage and tampon may be omitted and the wounds treated once or twice daily with antiseptics. By omitting the use of the crupper the animal can readily continue its work without interruption. Care being taken to make the two sections of equal length, the symmetry of the tail is not changed except it is carried somewhat higher. The preserved ischio-coccygeus serves to prevent any undue elevation of the tail.

As we know of no essential bond of sympathy between the tail and genitals we can scarcely assume that the myotomy has effected a cure through the medium of the reproductive system.

We are led to think it possible, if not probable, that the education given an animal, by securing it fixedly and performing a painful operation in a region about which it has been previously viciously irritable and is now powerless to evade or resent the pain, plays an important part in the eradication of the vice. If this be true, we should in these operations discard general or local anæsthesia entirely and secure the animal in the most immovable and helpless manner, yet safeguarded against physical injury, which is in our judgment best attained by use of the operating table.

Having attempted but the one operation we can not of course essay to compare the two, though we believe the caudal myotomy has a wider application, being available in geldings. At the same time it wholly removes the power of gripping the reins and renders the tail far more readily handled in every way.

Being bloodless, the operation is very easy and can be carried out perfectly by any one acquainted with the details and in location can be more readily kept aseptic than can the operation wound after the removal of the clitoris, though either is not important from the standpoint of infection. It is not intended to suggest that caudal myotomy can properly replace spaying in cases where the latter is indicated.

## EVERSION OF THE UTERUS IN COWS.

By H. P. KEELY, V. M. D., SCHWENKSVILLE, PA.

A Paper read before the Pennsylvania State V. M. Association, March 9, 1898.

In this paper I do not propose to bring before you anything new or startling, merely to review the causes, symptoms and treatment and to tell you what, in my experience, has given good results, knowing that if this paper is discussed I shall learn more than I am able to teach you.

*Definition.*—Eversion of the uterus may be defined as the turning inside out of the organ, a kind of hernia through the os uteri. It may be termed partial if it does not protude beyond the vulva, complete if it goes beyond the vulva to the exterior of the body, when it usually forms a large, longish tumor hanging down sometimes as low as the hocks and showing on its surface the cotyledons, and is usually then accompanied with prolapsus of the floor of the vagina.

*Symptoms.*—These are unmistakable. You find a large, longish-shaped tumor coming from between the lips of the vulva. On the surface you will find the cotyledons, and the presence of these makes the diagnosis complete. The floor of the vagina, when prolapsed, is smooth on its surface and forms more nearly a round or globular tumor and does not hang down as low. The inverted bladder can be recognized by finding the openings of the ureters and by having the base of the tumor much constricted and issuing from the opening of the urethra. The bag of waters before calving and the foetal envelopes after calving are not easily mistaken, although I have known it to happen

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so. There is usually not much straining after the eversion is complete until you come to reduce it. The general symptoms, if any, depend on the length of time since the accident occurred and are those of pain and uneasiness.

*Complications.*—These usually arise from injuries, from neglecting the case by not sending for competent help in time or allowing ignorant and unskilled persons to attempt reduction. Or the animal may injure itself in the stable, or other cattle may tramp on it. They generally are lacerations, allowing the bladder and intestines to pass out. A case of this kind that I saw recently was in a cow not with calf. Before calving she had prolapsus of the vagina and after calving eversion of the uterus. These were treated and the cow did well, but was not bred again. About eight or nine months afterward she was found one morning in the stable with a prolapsed vagina, which was simply a mass of shreds, the bladder protruded, and about all the small intestines, it appeared to me, were out, hanging away below the hocks. My treatment for that case was to ask the farmer for his rifle and to shoot her.

*Prognosis.*—Depends upon the length of time elapsing between the occurrence of the accident and time of treatment and upon the condition of the animal. Most cases, if treated promptly, and in a cow of fairly good constitution, not too old nor debilitated, will make good recoveries. I have seen cows so weak that they were unable to rise for three or four days make good recoveries. It seems to be a prevalent idea among people that having once occurred it is apt to recur every time the cow has a calf. But experience does not bear this out, as cows will frequently, after such an accident, again become pregnant and calve all right without a repetition of this trouble.

*Causes.*—Pregnancy must be given a place as a cause, as it never happens except in breeding animals; in fact, can not happen except at time of labor or soon after, when the os is dilated. Difficult labor may cause it at times; but we, all of us, have at times used much force in extracting the foetus and had no eversion, and we know that it happens after the easiest de-



liveries. Sloping floors have been blamed, but it also occurs on floors that are level. Prolapsus of the vagina during pregnancy making traction on the uterus and straining its ligaments, has been urged as a cause, but we know that lots of cows have prolapsus of the vagina during pregnancy, but no eversion of the uterus. It appears that certain predisposing causes are necessary and then it requires but very little to excite an eversion. I believe that we must have a relaxed condition of the ligaments holding the uterus in place. This may be due to a general softness or looseness of the tissues caused probably by soft sloppy feeding. Given such a condition and it requires only a little turning in of the fundus or one of the cornua like the end of the finger of a glove and severe straining perhaps from constipation or excessive peristalsis or contractions in the womb itself, probably from drinking very cold water, and away it goes, gathering momentum as it goes, until everything is turned inside out. It is a practice among drovers and some farmers to give their cows all the cold water they want to drink immediately after calving to make them clean, and it often cleans them more thoroughly than they care for; of course, the owner will never admit anything of this kind.

*Treatment.*—Preliminary, reduction, retention.

*Preliminary.*—Very often we find our patient down, especially if any considerable time has elapsed since the accident occurred. If possible, get her on her feet, as it is much more convenient to work at the animal in this position and the uterus is better retained when once returned, as it goes in on a level or down-hill, instead of being all up-hill work, as it is when the cow is down. If impossible to get her on her feet we may try to raise the hind part by means of bundles of straw placed under the hips; but this will usually be found unsatisfactory and there is then nothing to do but to get down on your knees and go to work. Of course, to cleanse the organ of all foreign substances is the first step. If any of the foetal membranes are still adherent they can easily be removed. A good plan, if you have plenty of help, is to have two men, one on each side, to support

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the uterus on a clean bag or cloth. If the cow is down slip a clean bag underneath the cow for the uterus to rest on. I always order a bucketful of right hot water, in which I put some permanganate of potash, with which I bathe the uterus, cleaning it and somewhat reducing the swelling and size. Fleming advises cold water, even pieces of ice, to be rubbed over it; but hot water has always given me good results. Having thoroughly cleansed the uterus we are ready for the next step.

Reduction.—If the everted mass is small it is an easy matter to return it. But if, as is usually the case, the whole of the uterus is turned out and the vagina also prolapsed and has been so for some time and has become swollen and tumefied, it is certainly no easy job. It is a work requiring lots of patience, considerable strength and a great deal of care lest we injure it by using too much force. Have your two men support the weight of the uterus on a cloth or bag while you start to work it in around the edges, a little at a time. Work in one side and hold that within the vulva while you work in a little on the other side, and, thus working from side to side, always being on your guard to hold what you have gained against the cows straining until you have it pretty well reduced, when you will feel it beginning to go easy. Now you can clap one hand on the remaining portion and shove it in. Having returned the uterus, it is necessary to follow it up with one hand and smooth out all the folds and get the cornua and all the parts to their proper places as nearly as possible. In case the uterus has been out for some time and has become much swollen you will find this difficult or impossible, more especially so if the cow is down. But I believe that upon whether this is done thoroughly or not will in a great measure depend your success. You will find your work greatly increased by the animal's straining and working against you. If you can devise means to overcome this straining you will find your work reduced by at least half. Among the methods used to overcome this are to pinch up the skin of the back; farmers sometimes pinching up a fold of the skin and placing an awl through it, a girth around the body or around

the chest. Some advise tracheotomy. It seems this method ought certainly to be effective, because with the opening in the trachea it is impossible for the cow to fix the epiglottis and hold her breath, and without doing this it is impossible for her to strain. I have had no personal experience with tracheotomy in these cases and I trust that those members who have will favor us with their experience.

Retention.—Having returned the uterus and smoothed out all the folds and everything in its natural place as nearly as possible, we must devise means for retaining the organ and preventing its being again everted. Among the various means used are pessaries, sutures, skewers and trusses. The best, I believe, is the pessary, though for the sake of convenience I generally use the sutures. The pessary is best in my opinion because it does more to hold the uterus and floor of the vagina to their natural places. The sutures, if properly applied, will not allow the uterus to be protruded to the exterior of the body; but they do not prevent the organ from everting itself and lodging a whole big mass in the posterior portion of the pelvic cavity. I have seen this happen several times, especially in cows too weak to get up. The same is true of skewers and trusses. The pessary of course is very difficult or almost impossible when the animal is down.

Pessary.—Fleming mentions and describes a number of different kinds of pessaries—the pad, ring, cup and ball, bottle and pig's bladder. Of these I have had experience with only the first or pad. It has always given me excellent results. It is a sort of home-made affair, and the materials for making it can generally be found on any farm. To make it, take a short fork, or spade-handle, those with a hand-hold are the most convenient, though this is not strictly necessary, and a hole may be bored to hold your rope, or any round piece of wood of proper thickness and length may be used. Saw it about eighteen inches; about four or six inches from one end cut a groove clear around to hold the string with which you tie the pad. Then make the pad on this end by wrapping it with rags or cloths until you

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have a pad about the size of two fists, then tie securely with a string in the groove you have cut and it is ready for use. Before inserting it I always dip the pad in melted lard. Then insert it into the vagina as far as may be necessary. Now, to hold it in place, take a rope and knot the middle of it to the handle. Take an end up on each side of the tail, on the croup make a single loose knot, go forward along the back to the withers, make another knot, down on each side of the neck, knot again, back between the front legs, up on each side of the body, pass an end through the rope on each side of the back, go down and back through between the hind legs on each side of the udder and up to your starting place. Tighten your ropes and tie securely. This, I believe, to be the best method when the cow is able to stand for you to apply it. It makes no difference if she does go down afterwards. The other pessaries are applied in practically the same way and are no doubt good, but having never tried them I can say nothing about them.

**Sutures.**—These are of two kinds, labial and hip. Labial, when only the lips of the vulva are sutured, and hip when they are passed through the skin of the hips. My method of suturing is this: Start with a seton needle and stout piece of tape, take a hold in the thick skin of the hip on one side a little below the level of the superior commissure of the vulva, go across taking a deep hold through both lips of the vulva and on over again through the skin on the hip of the other side, then cross obliquely to the first side and repeat at about the level of the inferior third of the vulva. Then draw up and tie your two ends securely.

For these two methods, the only ones I ever used, I do not claim any originality. They were taught me by our worthy ex-President, Dr. Ridge.

**Trusses.**—About these and skewers I shall not have much to say, never having used them. But it seems to me that the pessary has the same advantage over these that it has over sutures; it maintains the parts in place while the trusses and sutures simply prevent the organ from being protruded to the

exterior of the body. Before leaving our subject we must never forget to order the cow so placed that she will stand or lie high behind and low in front.

*After-Treatment.*—This must be governed by the individual case and by meeting emergencies as they arise. Keep the cow standing high behind. Avoid constipation. Feed so as to keep the bowels open, give no very cold water, if there be fever treat accordingly, if there is straining you may give anodynes, but nothing that will constipate; cannabis indica may be given, its tendency to constipate is not great. We may put a tight girth around the body or chest. The pessary or suture may safely be left as long as deemed necessary, as they do not interfere with the natural functions—defecation and micturation.

*Amputation.*—About this method of treatment I shall have but little to say. I tried it once—result, dead cow. It happened when I was in that stage of my professional career when a man is ready to do or try anything that the owner will permit, just for the sake of the experience or to see how it will go anyhow. The owner came to me wanting to know whether I would not amputate a cow's uterus. He said he had replaced it and sewed her up several times, but it would not stay. I went with him and started in to exhibit my superior knowledge and skill. I ligated, as I thought, sufficiently tight, and started to amputate with the ecraseur. I probably cut too close to my ligature and it slipped, and perhaps I used the ecraseur too rapidly; but anyhow the blood came in the thickest stream I ever saw and the cow promptly died. Fortunately the man had the cow insured and felt as little inclined to talk about it as I did. I would not now, however, hesitate, with hope of more success, to amputate a uterus where I thought it was really indicated, where I was sure all other methods had failed or it had become gangrenous or much lacerated.

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WHEN CUBA IS FREE, and peace is restored, all the devastated plantations will have to be stocked with American horses and mules, which will open up a lively trade for our breeders.



## SPECIFIC MEDICATION.

BY N. J. STRINGER, D.V.S., EUREKA, ILLS.

A Paper read before the Illinois State Veterinary Medical Association, at Bloomington,  
February 16, 1898.

In the history of medical study the department of the practice of medicine is most difficult. The reasons are twofold :

First.—It is instruction without such means of illustrations as appeal to the senses—description of phenomena, which the student has not witnessed, and very frequently is unprepared to understand.

Second.—The impression that the practice of medicine is almost wholly empirical stands in the way of that careful study of therapeutics based upon pathology which gives a rational practice of medicine.

The great change which has taken place in the past ten years renders it necessary that much of the past be forgotten if we desire to profit by the advanced knowledge of the present.

The world has reached that stage when men refuse to be bound by the authority of precedent. We have arrived at that period in medicine when we can believe in the curative powers of nature. We also understand that the animal organism is so perfect in health that it adapts itself to all conditions, and all uses, renewing itself from day to day and from year to year, possessing the powers of resisting disease, of removing it and of restoration of structure and function. The power of influencing the system for good is limited and the old ideas of forcibly removing disease by medicines, as we would an intruder from our home, are most fallacious. That which we may do with advantage is to direct nature's efforts, and must be based upon a correct appreciation of life as manifested in the animal body. When we reflect that disease, when allowed to run its course without medicine, using only that care in nursing which would naturally suggest itself in such a condition, is followed by but a small percentage of mortality, we will be better able to appreciate the fallacy of the old and the advantage of the new.



Facts teach us to be careful in estimating the value of medicines in the cure of disease. If they are thoroughly appreciated we will cease to attribute life-saving properties to medicines and be more ready to study their real uses.

We must concede that all agents employed as medicines act either upon function or structure, and that this action to be curative must be opposed to the process of disease; if so, then their selection will depend, first, upon a correct knowledge of the opposition of remedies to that process. It is the law of the universe "that like causes always produce like effects," or "that like effects always flow from like causes"; therefore, if we can determine the opposition of a remedy to a process of disease in any given case we have determined it in all like cases; but it is necessary that we be able to determine the exact condition of the disease when we expect to obtain the same curative action from the remedy.

Specific medication, then, is the art of curing disease by means of applying directly to the expressions or symptoms, regardless of the name of the disease, such remedies as are known to oppose them or remove them. In describing this action to another it is necessary that we observe and group the indications and symptoms of disease, that we may know the exact idea of the pathological conditions to be opposed.

The skill required is in diagnosis and requires a thorough study of pathology. Many individuals of the medical fraternity do not have the right conception of our use of the term "specific." They think of a specific medicine as one that will cure all cases of a certain disease, according to our present nosology, as pneumonia, typhoid fever, scarlatina, dysentery, etc., in the human, and influenza, strangles, pneumonia, etc., in animals. Looking at the subject in this light and guided by his experience in the use of remedies, he would claim that there are no specifics. There *are* no specifics for disease as they are classified, for the reason that all diseases do not present the same pathological conditions in all cases, and consequently cannot be cured by the same remedy. We use the term "specific" with relation to well-

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defined pathological conditions, and that certain well-determined deviations from the healthy state will always be corrected by certain specific medicines.

A disease, according to our present nosology may be formed of one or more distinct pathological changes bearing a relation to one another. We do not propose to reach all of these conditions by one remedy except in those cases in which one lesion is primary and the others are secondary, resulting from it. We use a remedy for each pathological feature, using the remedy for that first which is first in the chain of morbid action, and second, and so on.

As an example, we analyze a case of simple fever, and we find it to consist of a lesion of the circulation, of innervation, of the secretions, of the blood, and of nutrition; each of these is regarded as a distinct element of disease, and, to a certain extent, one depending upon the other, in the order named. A remedy that will rectify a lesion of circulation will frequently be sufficient to arrest the entire chain of morbid phenomena; or a remedy that will correct a lesion of the blood, this being primary, and the cause of various morbid processes, will be a specific for all, as when quinine arrests an intermittent or remittent fever.

In severer types of disease we find it necessary to use a remedy or remedies for each pathological condition. According to the ordinary use of the term specific, we employ a number of different agents, which are none the less specific, for they meet distinct conditions of the diseased action. We should know the direct influence of remedies upon the animal body, both in health and disease, that we use them singly or in simple combinations.

If one expects to obtain the advantages from specific medication, he must not associate it with indirect medication. If you use direct medication use it alone; if you use indirect medication use it alone. Success comes from one or the other alone. Success of direct medication comes from accurate and faultless diagnosis.

It is not sufficient in selecting a sedative to know that the

pulse is frequent. Frequency is but one element of the lesion, and we have to determine in addition the strength and weakness of the circulation and the conditions of the nervous system that control this function. Where there is strength with frequency *veratrum viride* is indicated. Feebleness with frequency calls for *aconite*. In excitation of the nervous system with strength and frequency *gelsemium* is indicated. Atony of the nervous system and tendency to stasis of blood calls for *aconite* and *belladonna*. For feeble impulse from the heart without capillary obstruction *digitalis* is indicated. To be a good therapist a man must be well versed in every department of medicine; be capable of observing and reasoning; he cannot practice with success unless he is both. "Dependence upon authority dwarfs the mind, obscures the senses, and forms an almost impassable barrier to individual observations."

For example, I will briefly mention a few cases:

*Case I.*—Grey mare, seven years old, weight about 1600. Saw case Sept. 10, 1897, 7 P. M.; temperature  $104^{\circ}$ , pulse 70, respiration 25, moist painful cough, muscular soreness of whole body; she could hardly be made to move; pressure over respiratory organs caused much pain; owner said she had been getting worse for two days and had not eaten anything; drank some water. Gave *bryonia* sp. tr.,  $\text{3j}$ ; *aquæ*,  $\text{3 viij}$ ; tablespoonful every hour with orders to lengthen time between dose if she got better. I saw her next day, 11th, at 4 P. M.; found her eating, which I was informed she commenced to do at noon; very little cough, no soreness of muscles, pulse and temperature normal.

*Case II.*—Bay pony horse, six years old, weight 800. 9 A. M., pulse 76, temperature  $104\frac{1}{2}^{\circ}$ , respiration 40; had not eaten anything to speak of for 24 hours; extreme muscular soreness, painful cough. Gave *bryonia* every hour. He was in a perfectly normal condition at 4 P. M.

I would like to mention many other cases of different diseases, also injuries, lamenesses, etc., but I will just say that there are three classes of symptoms that we must study, to wit: Ob-

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jective, subjective, and suggestive. In treating animals we must depend almost wholly upon the objective and suggestive, while the human physician relies greatly upon the subjective.

## AZOTURIA IN THE DOG.

BY G. ED. LEECH, D. V. S., MILWAUKEE, WIS.

Read before the Wisconsin Association of Veterinary Graduates.

In looking over the list of the literature of my own and several other libraries I am unable to find anything that would give me any light on the subject. But I have always made my motto the word "forward," and with your co-operation and that of the profession in this, as well as other cases, we may be able to place the veterinary literature upon the plane to which it belongs. But it must be by persistent efforts and continual study and investigation that this can be accomplished, and those who fail in this will soon find themselves out of the race.

In taking up this subject it is not necessary for me to say to you that it is a disease characterized by tonic and clonic spasms of the pelvic and lumbar muscles, for you all know that it may also happen to the muscles of the pectorals as well. And in neither need I tell you that the urine voided need to be darkly colored and nitrogenous and of a high specific gravity, for you are well aware of the fact that it may also be albuminous and of a low specific gravity also, but generally having a more or less nitrogenous nature.

But in making up the etiology it is very important for me to say that the primary cause of the disease is dietetic, and as such is the case what animal is more liable to these errors than the trusted friend of man, the dog? And generally they are very much abused for want of exercise in the proper manner. I have found that nearly all of the owners of dogs err in the way of feeding; that is, they do not pay enough attention to the changing of food to suit the condition of the animal or their vocation, and on account of this abuse they are more liable to such an attack than most other animals.

*Symptoms.*—The symptoms of azoturia in the dog come on just as suddenly as in the other animals and without any warning or indication of the disease. They may be attacked in the house as well as when out exercising. One of the cases I have seen was taken suddenly in the house without any exercise and a complete loss of power of the right pelvic limb. The other one was taken suddenly while running along the street and a complete loss of power of both pelvic limbs and of the lumbar region and loins. There was little if any perspiration that I could learn, as I did not see them early enough to ascertain that point. The urine voided was in one case high-colored and nitrogenous and albumen slightly present, and in the other case highly albuminous, with a specific gravity of an average of 1170, pulse varying from 70 to 86 beats and generally weak. Yet while it may be weak one day, it may be strong the next. The temperature varies from 102° to 105°, and in fatal cases it will be even higher. The bowels are nearly always constipated, while the appetite is generally good. There is none of the extreme nervous excitement manifested in the dog: that is to be seen in the horse. On the contrary, there is rather a general tendency towards being comatose.

*Prognosis.*—Unlike those in the horse, these cases in the dog are not generally of a fatal nature; they yield to the proper treatment very different from the horse. There is very little danger of their terminating fatally, as I have seen so far no tendency towards a general destruction of the tissues of the muscular system. In most case there is an atrophy of the pelvic muscles, either special or general, and there may be a loss of power for some time, which gradually returns with treatment.

*Treatment.*—The animal should be placed in a well ventilated room heated to a temperature of 65 to 70°, with a peat moss covering on the floor and access to plenty of pure fresh water. The first and most important line of treatment is to be directed to the excretory organs. Enemas should be given the first attention, after having administered a cathartic or purgative, and at intervals a mild non-irritating diuretic should be

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## TETANUS

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given. If there should be any disposition towards atony of the pelvic or lumbar muscles, it is necessary to use only a stimulating embrocation and massage. The diet should be restricted for a few days to something of a very nutritious character and easily digested, with, perhaps, a gentle laxative, and if there is a general tendency towards weakness after a few days administer tonics. When convalescence begins moderate daily exercise is very essential. There is nothing that should fill the heart of every veterinarian with more pride than a very thorough and careful study of these cases and an abundant knowledge of the best methods of giving relief to the different species of man's most faithful friend.

## TETANUS AS I HAVE FOUND IT IN CHESTER COUNTY, PA.

BY W. P. PHIPPS, V. M. D., KIRKWOOD, PA.

A Paper read before the annual meeting of the Pennsylvania State V. M. Association, at Philadelphia, March, 1898.

Tetanus is a spasmodic and continuous contraction of muscles, producing rigidity of the parts they supply, caused by the absorption of the products of a specific germ called the "tetanus bacillus." This organism is found in many soils, preferring those rich in potash, and multiplying only out of contact with the air, being anaerobic; and growing best at temperatures of 95° F. to 100° F. It is a rod-shaped bacillus, thickened at one end and containing a spore. The spores are very resisting, requiring moist heat at 212° F. for five minutes to destroy them. The germ when in contact with an abraded surface, and the air becoming excluded, produces its tetanizing toxine.

Bruger has isolated four toxic ptomaine substances from cultivations of the so-called tetanus bacilli. (1) Tetanin, producing symptoms of tetanus; (2) tetatoxin, causing tumors, paralysis and convulsions; (3) muriate of toxine, producing tetanus and salivation; (4) spasmotoxin, prostrates quickly with chlonic and tonic spasms.

The bacilli do not enter the blood, but remain in the tissue

near the wound; only their ptomaines are absorbed into the blood and act similar to strychnine, but fail to respond to like treatment.

Tetanus is usually produced from traumatism that admit the bacilli and of the character to exclude the air from the depth of the wound, as a puncture of the foot, flap operation in myotomy of the tail, kicking, castration, etc.

Horses and sheep are the most susceptible, dogs the nearest immune, probably on account of their adeptness in cleansing wounds. The disease may develop twelve days after the healing of a wound.

The idiopathic form of tetanus is that where there is no apparent abrasion, but may be from an internal lesion, as the virulent bacilli have been found in fresh fæces, and Jennings suggested that this form of the disease may be caused by or through the irritation produced by intestinal worms.

When the bacilli develop rapidly and their products are rapidly absorbed, the disease is acute in form and mortality is high, and *vice versa*.

As for the general symptoms of tetanus, they are so distinct to the practitioner that they leave not the shadow of a doubt in diagnoses. The prognoses in my limited experience have been grave; with the results personifying the prognoses.

This paper is written more in the hope to gain knowledge than in the expectation of imparting anything new; except in the citing of three representative cases, taken from a dozen or more in my brief experience with this disease.

*Case No. 1* was a gray gelding that I had furnished palliative treatment to through an attack of influenza, with gratifying results, and the doctor had been dispensed with and the patient turned into a paddock during the daytime to recruit. One evening the owner noticed the horse lame in the near front, and research resulted in finding a penetrating nail, which was withdrawn with apparent relief. Four days later I was called and requested by the owner to cut the haw from over the sight, and thereby save the eye. He was much surprised when I ex-

plained that the horse was the symptom in the acute

*Case No. 2* 1897; twelve istic base-w vical muscles trils dilated Deglutition and he cons 48, full and respiration Urination a was in comb as there was in his old p surrounding on side of p ing; I cured instructions Churchill's t icidine. I u cannabis in syringe in m tissue paper calomel, add excretory org volved, I saw quiry of a fa gressed over termination.

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plained that it was a case of tetanus, or lock-jaw, and as the horse was eating well, the owner doubted the diagnosis until the symptoms were pronounced. The case terminated fatally in the acute form.

*Case No. 2.*—Called by farmer to ten-year-old mule Feb. 10, 1897; twelve miles due north. I found animal with characteristic base-wide position and the extensors tense; croup and cervical muscles hard, with head extended and tail elevated, nostrils dilated, and anxious, nervous expression of countenance. Deglutition was impaired, although mastication was fairly good and he consumed hay and fodder. Temperature  $101\frac{1}{2}^{\circ}$  F., pulse 48, full and strong, peristaltic movement apparently normal, but respiration labored and shallow from spasm of muscles used. Urination and defecation apparently normal in amount. Patient was in comfortable stall at end of stable, stood next to mate, and as there was not a box-stall available I permitted him to remain in his old position and cautioned owner to exclude light and surroundings that would tend to excite patient. Found wound on side of pole, size of silver dollar, with history of recent healing; I curetted the same, produced profuse bleeding, and left instructions to apply twice daily to the part with bristle brush Churchill's tincture of iodine, diluted with the plain tincture of iodine. I used concentrated medicines, as the fluid extracts of cannabis indica and belladonna, in small repeated doses, by syringe in mouth, well back; and in powder form I wrapped in tissue paper potassium iodide, alternated with small doses of calomel, adding salines to drinking water to help regulate the excretory organs. On account of the distance and finances involved, I saw the patient every third day. To the anxious inquiry of a fairly good nurse I replied, that if the patient progressed over the second week we might hope for a favorable termination.

I paid my fifth visit on the thirteenth day and the patient was going along quietly, appetite had flagged some, but still eating when encouraged by change of food, reclined less frequently, but had lain down during the night; fæces were hard

and scanty, but general tension of muscular system was more relaxed, with tail less erect, and I dared to hope for convalescence, but cautioned the owner that the enemy we were fighting was treacherous, and *he* must spare no patience to keep the mule quiet. On the sixteenth day I had expected to see my tetanus case, but received word that he was dead. On inquiry I learned that immediately after the termination of the second week the owner turned the mule into the yard, so as to better judge of the progress of his improvement, and the next morning he was found as most of the subjects of tetanus terminate. I was disheartened when defeated in apparent view of success.

*Case No. 3* was a four-year-old gelding, fairly well bred. I told the owner "the truth, the whole truth, and nothing but the truth," as I had found it in this disease; that the old form of medical treatment was decidedly uncertain, and I advised the antitetanic serum treatment, which was promptly rejected on account of the price quoted. I cut the wound out in the foot that had been healed, according to the owner's statement, for two weeks, and advised the iodine treatment, covered by antiseptic poultices.

I ordered an easily digested diet and quartered him in a darkened box-stall to await developments. As the owner seemed very particular about expense I overlooked the case, but he came for me in a week and informed me how much he thought of the horse, which is generally the case. When the animal becomes critical and the owner fears loss by death they become more valuable in his opinion. On visiting patient found tonic contraction of muscular system, apparent profuse salivation, but able and persisting in eating, although lips and tongue were stiffened and mouth would open but slightly. Pulse, temperature and excretions were fairly good, but respiration was labored and he had been standing two days. I prescribed similar to case No. 2, and at the owner's earnest request sent for the antitetanic serum, which I administered the following day, it being the eighth since first called. I gave 40 cc. in three doses, six hours apart; injected hypodermically with antiseptic precau-

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tions.\* The patient grew perceptibly worse for thirty-six hours following the injection of the serum, after which the tensity of the muscular system gradually relaxed, and in three days after the crisis the horse had lain down. Serous infiltration of the dependent portions of the body and limbs responded to potassium nitrate and digitalis. In ten days withdrew all indicated treatment. The animal has made a perfect recovery. Was it the serum treatment? I think it was. Looking at it, not as a specific, but as an adjuvant to our resources to combat tetanus and especially as a preventive agent when so used.

## TETANUS.

BY WALKER S. PHILLIPS, V. S., READING, PA.

Read before the annual meeting of the Pennsylvania State Veterinary Medical Association, March, 1898.

This terrible disease is of nervous origin. It generally follows some operation or severe injury, and also frequently occurs from the pricking of the sole by a nail. As this affliction produces a peculiar irritability of the nervous system, it is of great importance to have the patient removed to a remote or isolated place, and kept as quiet as possible. In my treatment of these cases I have very seldom administered purgatives, but have taken advantage of bran mash the first four to six days, to keep the bowels moving. During my thirty-eight years practice I can recall sixteen cases, traumatic and idiopathic, which fully recovered, and none of which I placed in slings.

*Treatment.*—Hypodermically, morphia, 3 grains, once daily. R.—Ext. belladonna, 8 drachms; laudanum, 4 ounces; chloroform, 4 ounces; alcohol, 2 ounces. Sig.—Given with syringe twice daily in one-half ounce doses.

This treatment I have often found to actually relax the muscles for a time, then again, would find them in the former rigid condition.

After the fourteenth or sixteenth day I generally consider

\*The immunizing units were not given.



the patient out of danger, but I still continue with this treatment six or eight days. Then daily doses of vegetable tonics, with nux vomica and bromide of potassium, as there is in some cases a fear or nervousness for some time after.

Treated a gray, eight-year-old gelding some time ago. Thought it would recover. Found no wound nor external cause; died the eighth day, and examination after death proved an internal injury.

Several months ago was called upon to visit a black gelding, eight years old, and found a wound just inflicted by the shaft of the wagon penetrating the scapulo-ulnar muscles to the depth of several inches. Kept the horse in a box-stall five or six days. Wound nearly healed; swelling subsided; the animal appeared all right, was hitched and driven six or eight miles. About three days afterward I was called in, as the owner said the horse appeared stiff; found him very nervous and excited; could scarcely approach him. Found all the symptoms of tetanus, with the exception of the membrana nictitans not covering the eye as in all cases, and the tongue protruding from the mouth, not swollen, but for one inch was perfectly dark. Upon gently pushing it back into the mouth, it would remain for some time. No other dark or purple spots found. The animal died in about thirty-eight hours.

## REPORTS OF CASES.

*"Careful observation makes a skillful practitioner, but his skill dies with him. By recording his observations, he adds to the knowledge of his profession, and assists by his facts in building up the solid edifice of pathological science."*

### PERFORATING ULCER OF THE STOMACH AND FILARIA IMMITIS IN A DOG.\*

By W. LINCOLN BELL, Brooklyn, N. Y.

While home for the Christmas vacation I was fortunate enough to see the above case, which I consider one of remarkable interest. The dog, a very valuable mastiff, was taken ill Dec. 20, in the morning, right after breakfast, until which time he had appeared in the best of health. Dr. R. R. Bell was

\* Read before the Montreal Veterinary Medical Association.

called, found in a few hours blanketing was held t

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called, found the dog in a state of collapse, and prognosed death in a few hours, administering diffusible stimulants, and warmly blanketing. The dog died that afternoon, and a post-mortem was held the following day at 2 P. M.

Upon opening the abdominal cavity the mesentery was found congested. A large quantity of bloody fluid with an admixture of the contents of the stomach was floating among the intestines. No other pathological condition was met with until we examined the stomach, where was found an ulcer, which had perforated the pyloric end, its appearance indicating that it must have existed for some time, as the edges had been chronically inflamed, through the different layers, until the serous coat was reached, which showed evidence of very recent rupture, and explained the sudden collapse. On opening the thorax everything appeared normal until the heart was examined. Externally the left heart appeared normal, while the right one was hypertrophied, and on opening the latter a bunch of threadworms (*filaria immitis*) was found in the auriculo-ventricular opening (about 20), some in the ventricle and pulmonary artery, about 50 in all. They were of all sizes, from two to thirteen inches long. Nothing was found in the left heart; both ventricles contained very little blood.

The remarkable features of this case are, that during the progress of the ulcer the dog showed no symptoms of gastric derangement; nor did the hematozoa produce any visible symptoms. As the dog was very valuable, a great pet, and watched very carefully, any symptom of ill-health would have been noticed at once.

#### PREMATURE DIAGNOSIS.

By FRANCIS ABELE, JR., V. S., Quincy, Mass.

The first day of last August I spayed four bitches. Three were own sisters, bull terriers. Two staid in this city, while the third went into a neighboring State. In operating I removed not only the ovaries but the major part of the horns of the uterus.

I have never known a bitch so spayed to wander off, or bear pups, but the owner of the dog which went out of this State came to me and said that his spayed bitch was with pups, was very large. A medical doctor had said so, and was willing to bet on it. He (the M. D.) would like to buy the beast, take her home and treat her. Of course I objected. I asked that the present owner still keep the animal and await developments.

They told me further that the bitch seemed in pain, and had a discharge from the vulva. I suspected a possible abscess in the womb or even a metritis, and recommended the use of a vaginal douche.

I was quite glad to find out since that the animal is doing well and no pups are coming. I should have said that this is now February, six months after spaying.

Now, suppose the owner had not had more confidence in the veterinary than in the M. D. and had destroyed or gotten rid of the bitch without a post-mortem.

Again, suppose he had sold it to the M. D. Would the latter not have felt a disagreeable sensation when bringing it back and saying, "here is your bitch, she has had no pups?"

From this I wish to draw two lessons, very simple: The first is: Don't make a diagnosis until you know what is the matter. The second is: Remember that other people know something too.

#### GASTRO-HYSTEROTOMY IN A PRIMIPAROUS TWO-YEAR-OLD COW.

By E. M. NIGHBERT, V. S., Mt. Sterling, Ill.

During my practice last summer I was called to Mr. H—'s farm to attend a case of difficult parturition. Patient was a well-bred black poll heifer, in high condition. She was unable to rise, suffering from partial paralysis, the result of twenty-four hours' labor. Upon examination I found complete occlusion of the os, and was unable to detect the presence of foetus. I made examination per rectum and could plainly feel the foetus and that it was alive. I then made diligent effort to make my way into the womb, but, finding the os of such a hard nature and enlarged, my efforts were in vain. I resorted to the "Cæsarean section." I turned patient on right side and secured both hind and front limbs with ropes. I then made a large incision in the left flank over the posterior portion of the rumen. The uterus was then in sight. I made incision through its walls and extracted a living fine bull calf. It did well and now goes by the name of "Cæsar."

The mother being paralyzed and greatly exhausted, I ordered her destroyed.

*Autopsy.*—Os was of a hard fibroid nature and about three inches thick and would almost creak under the knife—other organs normal.

*Note.*—This is the second case that has come under my notice, the first being a ewe.

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## REMOVAL OF THE PAROTID GLAND.

By C. R. WITTE, D. V. S., New Britain, Conn.

On Nov. 10, 1897, I was called to see a cow said by the owner to be suffering from sore throat. On examination I found the parotid gland very much enlarged, as were the surrounding tissues. Respiration was laborious, owing to pressure upon the larynx and pharynx; temperature normal. My diagnosis was that of parotiditis, but I very carefully looked for the presence of a foreign body, which I failed to find. After the usual treatment of hot fomentations, poultices and iodine injections, without success, I explored for pus, but failed to find it. After the lapse of some time, I decided upon extirpation of the gland. An incision was made through the skin and all the surrounding tissues were loosened by the finger and a blunt instrument, isolating the numerous blood vessels and nerves. The gland was then drawn external to the wound and removed, after which the cavity was cleansed of all shreds of tissue and washed with antiseptic solution, and the skin sutured. Examination of the gland showed numerous sulphur-like specks, and internally a cavity filled with pus and granulations. Since the specimen was placed in sodium chloride solution the specks have disappeared.

Was this a case of actinomycosis or was it of traumatic origin?

## ENLARGED SPLEEN.

By JOHN G. SLEE, D. V. S., Brighton Abattoir, Boston, Mass.

There was brought to the abattoir to be rendered the cadaver of an aged gelding, about 15 hands, 1000 pounds, that had died the night before. There was no history of the case, except that he had worked for years on a milk delivery wagon. On post-mortem the spleen was found to be of very large size, weighing 54 pounds, color and consistency normal.

## PRECOCITY IN A CALF.

By PAYSON SCHWIN, V. S., Elkhart, Ind.

Some days ago I was called to attend a case of difficult parturition in a Jersey heifer, one year old. At the age of three months while at pasture and still receiving nourishment from her dam, she was served and became pregnant by a grade Durham bull that was in the same pasture.

Before my arrival the owner made an unsuccessful attempt to deliver the calf by tying a cord around its lower jaw, and in so doing he completely severed about three inches of that mem-



ber. After my arrival I made an examination and found the head turned over the shoulder. After some difficulty I placed it in position for normal presentation and delivered it with some exertion. It still being alive, minus a portion of its lower jaw, we killed it immediately.

I should like to know if this is not an unprecedented occurrence. If any readers of the REVIEW can cite any parallel cases would be pleased to hear from them.

## EXTRACTS FROM EXCHANGES.

### FRENCH REVIEW.

COMMUNUTED FRACTURE OF THE PELVIS.—This case, recorded by Mr. Geoffroy Saint Hilaire, in the *Recueil de Médecine Veterinaire*, is that of a mule which after slipping on one hind leg while at work, was found a little lame in the evening. The next day the same accident occurred and she fell with the left hind leg carried in excessive abduction. She was unable to get up, and while she attempted to do so both hind legs were very much abducted. The animal was in great pain. A diagnosis of fracture of the pelvis was made and the suffering brute was destroyed. Beside the lesions of the ischio-pubic region, the following were found involving the pelvis: fracture of the rim of left cotyloid cavity; transversal section of the pubic symphysis between the two obturator foramen; double and symmetrical fracture of the pubis; double and symmetrical fracture of the ischium under the cotyloid angles, on a level with the narrow portion of the bone. The sacrum and the ilium were intact.

SECONDARY GLAUCOMA IN A DOG—CONGENITAL CATARACTS DISLOCATED IN THE ANTERIOR CHAMBER—INTIMATE ADHERENCE TO THE CORNEA—EXHAUSTION [By MM. C. Fromayet, M. D., and E. Nicolas, V. M.].—The family history shows that the father had been blind at one time, but afterwards recovered his sight. Up to three months old, the subject of this report had good sight; then it began to fail and now he is totally blind. In the right eye, the cornea is opaque, in the left it is transparent above, but below presents a round opacity, behind which the lens, affected with cataract, is seen between the iris and the cornea. The dog suffers with glaucoma following anterior dislocation of the lens. The brother of the dog presented the same cause of blindness at the same age (three

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months). Both dogs had congenital cataracts evidently of hereditary origin. The patient of the authors was successfully operated upon—not, however, without some difficulties, due to adhesions contracted between the lens and the cornea. The fact of these adhesions and the evidence of heredity for congenital cataracts are the interesting points of this report.—(*Rec. de Med Vet.*)

OCULAR MANIFESTATIONS IN PURPURA COMPLICATING INFECTIOUS PNEUMONIA [*By MM. Ciattoni and J. Blin*].—During a mild epizooty of infectious pneumonia, this horse, four years old, had presented symptoms of a very slight attack, and after some two weeks was considered convalescent. Eight days later he has a relapse: his walk is painful, the hind legs are weak, the fetlocks swollen and painful, the mucous membranes are yellow, his fever is high, there are centres of hepatization in the lungs, appetite is still good. Placed under treatment his pulmonary troubles improved, but his locomotion is getting worse. One morning he shows great increase in the severity of his troubles: his forequarter seems to be the seat of general tetanism, the head is extended on the neck, his countenance shows great pain, he moves altogether as of one piece, falls down, and rises with difficulty. The temperature has dropped below normal. The respiration is jerky and painful. And there suddenly appear on the surface of the body, neck and abdomen, large subcutaneous tumors, characteristic of anasarca. The manifestations of the hæmorrhagic process on the left orbit are very peculiar; the ocular globe seems to be dislocated; the conjunctiva is swollen and in less than an hour resembles a thick purplish cord; the membrana nictitans, protruding in front of the eye, is œdematous and hangs on the nasal angle; the mass of the eye itself is protruding, pushed from the orbit by the pressure of the blood on its posterior face. The animal died. Lesions of infectious pneumonia and of purpura were found.—(*Jour. of Zootechnie.*)

TWO CASES OF TETANUS FOLLOWING AMPUTATION OF THE TAIL—ANTITETANIC SERUM [*By M. A. Norey*].—These two horses belong to the same pair, had been bought together and were both operated upon by the blacksmith, who, to amputate the tails, used the peculiar shaped knife that serves to pare the hoof, the butteris. The symptoms occurred in both horses 48 hours apart. They were put under the same treatment—chloral, bromide of potassium, quietness, etc. The horse that was affected first died the fourth day. The other on the second

day of his sickness was submitted to antitetanic serum, of which he received 10 c.c every day for six days. He recovered in 15 days.—(*Jour. de Zootechnie.*)

MYXOMATOUS TUMOR OF THE LEFT VENTRICLE OF A COW [*By Mr. V. Larrue*].—Called to see a cow which had been ailing for a few days, the author remarked that the digestive function is regular, nothing seems wrong in the respiratory apparatus, temperature normal, the beatings of the heart regular. After a few days the condition is somewhat altered and evidently more alarming. The appetite is gone, there is no rumination, the jugular veins are enormously distended. There is no venous pulse, beatings of the heart are weak and dull; pulse small and accelerated. Lungs healthy. Supposing a cardiac affection, whose nature is not established, the animal is placed under a treatment of digitalis powder. For a few days the cow seemed to improve, and then died. At the post-mortem the pericardium was found distended by an abundant exudate. The left ventricle contained, hanging to the cardiac wall, a tumor as big as a large pear, weighing about 200 grammes, which on microscopical examination proved to be a myxoma and not a lipoma, as it seemed to be at first by its appearance.—(*Progrès Vétérinaire.*)

#### BELGIAN REVIEW.

VENTRAL HERNIA [*By Prof. A. Degivé*].—In the January issue of the *Annales de Bruxelles* the learned director of the Veterinary School of Cureghem relates the history of two cases of this affection of great interest, one in a cow, the other in a mare, in which the dimensions of the hernial tumor were enormous in both animals, probably of similar causation and presenting about the same lesion, viz., extensive rupture of the abdominal muscles, the straight, the great and small oblique, and also of the prepubic tendon. In the cow, the tumor was enormous, reaching so near the ground that one of the teats of the udder had been stepped on by the animal and torn off. All the functions seemed to be perfectly normal, except of course the difficulties that the want of proper muscular contraction may bring to the function of defecation. The animal was pregnant of her sixth calf. The cause of this lesion could not be found out. As the time of her delivery was close at hand the animal was kept for a few days under observation. One morning she gave signs of laboring pains; she was delivered of a calf. It

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was necessary to keep her lying down and on the back to facilitate the expulsion of the foetus. The cow died a few hours afterwards from infectious peritonitis. . . . In the mare, the tumor was better defined and the diagnosis, readily made by physical signs, was also justified by the results of the rectal examination. She had a colt some two months previous, but six weeks before she showed a little tumor in front of the mammae. After her delivery the tumor enlarged considerably. The mare was destroyed. At the post-mortem, a transversal section of the prepubic tendons and of the two straight muscles, a short distance in front of the pubis, was found.

PLASTIC LINITIS OR SCLEROSIS OF MUSCULAR COAT OF THE STOMACH IN DOGS.—Prof. Lienaux borrows this name from human medicine and applies it to a lesion which he has found at the post-mortem of a dog. The animal was brought to him with the history that for several months he had been suffering with diarrhoea, which had resisted all forms of treatment. The dog had a splendid appetite, but was losing flesh all the time. He passed his food entirely undigested. A careful examination of the abdomen permitted the detection of a hard, large and fixed tumor, in the lower half of the post diaphragmatic region. The dog was destroyed. The tumor proved to be the stomach; it seemed dilated, its consistency is firm, hard; it does not give to pressure, except here and there. Cut open, the mucous membrane is smooth and thinned out, it adheres intimately to the muscular coat, which is considerably thickened, measuring on the great curvature 28 millimeters near the cardia, and 20 at the pylorus; along the small curvature, near the cardia, it measures 11 millimeters. The peritoneal coat is sound. By microscopical examination, the great increase of the fibrous tissue, and the minority of the muscular element, demonstrated that it was more a case of sclerosis than one of simple hypertrophy. The nature of the lesions were sufficient to explain the troubles of digestion presented by the animal; it is to be noted that symptoms of vomiting did not occur during the whole length of the disease.—(*Annales de Bruxelles.*)

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#### GERMAN REVIEW.

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By W. V. BIESER, D. V. S., New York City.

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A CONTRIBUTION TO THE SO-CALLED BORNA'S DISEASE.—In a certain place during 1895-1896, five horses were stricken

with this disease. After a certain well (6 yards from the stable) furnishing the drinking water was closed no new cases appeared. Twenty-one sheep that drank from the well sickened and gave the same symptoms presented by the horses; 12 died and 9 were slaughtered. The disease finally died out. The author from the foregoing facts is inclined to assert the infectious nature of Borna's disease.—(*Berl. Thierärzt. Woch.*)

**MULTIPLE ABSCESSES IN THE HEART OF A COW.**—A six-year-old cow giving no previous history of illness except that of foot-and-mouth disease, and regularly performing her work, was suddenly seized with such excessive dyspnoea that the owner, fearing a fatal outcome, had her slaughtered. *Autopsy.*—The heart was enlarged one half; at the apex a prominent fluctuating swelling appeared, which on incision gave vent to a discharge of putrid yellowish green pus; the wall of the abscess consisted of tough, leathery connective tissue  $\frac{1}{2}$  cm. in thickness; the internal aspect of the abscess wall was rough and uneven and of a dark grey color; the pus sac extended deep into the muscular structure of the heart, in fact, nearly into the entire area of the left chamber of the heart; smaller abscesses of similar structure were found scattered through the muscular structure of the right heart, throughout the muscular partition separating the heart chambers, one of which abscesses, the size of a fist, spread itself upon the right auriculo-ventricular valve, thereby causing the stenosis, which in turn caused the dyspnoea aforesaid. With the exception of two similar abscesses the size of an apple in the left kidney, no other organic lesions appeared. It is probable that these were metastatic abscesses, the result of foot-and-mouth disease one year previous. They are common after this disease.—(*Berl. Thierärzt. Woch.*)

## REVIEW OF BIOLOGY.

**I. ACTION OF TANNIN UPON THE BACILLUS OF TUBERCULOSIS** [*By Mr. M. J. Sabrazes*].—For the last few years there is a tendency to consider tannin as antituberculous; but the teachings of the therapeutic clinic are too difficult to interpret to decide on the value of this indication. Lately, however, experimental researches have been made, but their conclusions are not more positive. After a series of experiments the author has reached the following result: The association of solutions of tannin with the tuberculous bacillus *in vitro* and in the organisms of guinea-pigs, far from arresting the march of inoculated

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tuberculosis, as claimed by a few, seems on the contrary to accelerate it. The bactericide action of tannin in *these conditions of inoculation is nil*. But these do not interfere, at least to this date, with the data of clinical observations nor some experimental facts of another order which speak in favor of the efficacy of tannin when administered through the digestive canal in tuberculous man and animals. Indeed, it is known that bodies, slightly bactericide, such as iodoform, are, however, very active against infection.—(*Soc. Biol., Dec. '97.*)

UPON SOME CARDIO-VASCULAR MODIFICATIONS PRODUCED BY MALLEINE IN GLANDEROUS ANIMALS [*By MM. J. Guinard and A. Rabieaux*].—In a previous note, the authors had already exposed the cardio-vascular effects of malleine in healthy animals. They have since made experiments to find out if there were any differences in the mode of reaction of glanderous individuals. They used in their experiments brute malleine which they obtained from Pasteur Institute. With the exceptions of some variations of less marked intensity in the effects and the secretory action, they have failed to find any essential differences in the cardio-vascular modifications by the malleinization of horses affected with glanders.—(*Soc. Biol., Dec., '97.*)

## THERAPEUTIC REVIEW.

AGAINST UTERINE TETANIC CONTRACTIONS DURING LABOR—Professor Müller recommends: Tincture of iodine, 1 gramme; alcohol, 2 grammes. Five drops every half hour in tepid water.

OINTMENT FOR WOUNDS: Soziodol potassii, 10 parts; lard and vaseline, of each 15 parts.

FOR FISTULOUS TRACTS (*Georgiewski*).—Prophyrized iodoform, 20 grammes; balsam Peru, 4 grammes; white vaseline, 6 grammes; essence of menthe, 5 drops. Mix. External use. After washing the wound well, fill it with tents of gauze covered with this ointment and apply simple bandage.

SCOPOLAMINE ANTIDOTE FOR CHLOROFORM.—Prof. Fröhner recommends the subcutaneous injection of 0.1 decigramme of scopolamine in cases of threatened death by chloroform.

DR. WILFRED LELLMANN will read a paper before the May meeting of the Veterinary Medical Association of New York County on "Multiple Sclerosis of the Brain and Spinal Cord of a Dog."



## BIBLIOGRAPHY.

THE CLINICAL DIAGNOSIS OF LAMENESS IN THE HORSE. By W. E. A. Wyman, V. S., Professor of Veterinary Science at Clemson A. and M. College, and Veterinarian to South Carolina Experiment Station. New York: W. R. Jenkins, Publisher, \$51-853 Sixth Avenue

In discussing the science of veterinary medicine and surgery with a learned brother practitioner recently, the subject of lameness was introduced, and our friend, a man of large practical experience and profound observation, remarked that no man could study long enough nor hard enough, nor reason thorough enough, nor investigate far enough, to exhaust the interest or unravel the mysteries of the peculiar manifestations of lameness in horses.

In the daily life of the average practicing veterinarian, especially in cities, defects in locomotion form the largest part of his duties, and according to his skill as a diagnostician and his ability as a therapist, his reputation is made or undone. There can be little doubt, therefore, that a practical contribution to the scanty literature upon the specialty will be welcomed by those to whom it appeals. Professor Wyman has pursued every available source to bring facts and deductions to its consideration, and in a neat volume of 170 pages divides his subject into twenty-five chapters, as follows: Chapter 1, detection of the lame leg; 2, detection of the seat of lameness; 3, lameness in the fore leg; 4, lameness in the region of the shoulder; 5, lameness in the region of the elbow and fore arm; 6, lameness in the region of the knee; 7, lameness in the region of the metacarpus; 8, lameness in the phalangeal region; 9, lameness in the hind leg; 10, lameness in the gluteal region; 11, lameness in the region of the hip joint; 12, thrombosis of the posterior aorta and its branches; 13, peripheral nerve paralysis; 14, lameness in the region of the femero-tibial articulation; 15, lameness in the region of the tibia; 16, of the lock; 17, of the metatarsus; 18, following fracture of the vertebræ; 19, resulting from fractures of the pelvis; 20, hoof lameness; 21, diagnosis of hoof lameness; 22, lameness following acute superficial and parenchymatous inflammation of the podophyllous membrane; 23, following individual hoof disease; 24, resulting from different causes not described in the foregoing chapters; 25, diseases of the head of suspensory ligament.

The work is illustrated by 32 woodcuts, and may be obtained of the publisher for \$2.50.

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VETERINARY OBSTETRICS, a Compendium for the use of Students and Practitioners. By W. H. Dalrymple, M. R. C. V. S. Consulting Veterinarian to the Baton Rouge (La.) Board of Health, etc., etc. New York: W. R. Jenkins, Publisher, 851-853 Sixth Avenue.

From the pen of Dr. Dalrymple comes this valuable aid to the study and practice of obstetrics, and, as much as we expected from one so qualified, the work is even more pleasing than was anticipated. The concentration of the important problems of the subject, the concise and clear manner in which the statements are made, the comprehensive arrangement of the material, and all other details, including the excellent illustrations and the work of the printer and binder, all combine to make the volume before us a valuable addition to the library of every practitioner and student of veterinary medicine. Fifteen chapters are employed, and they are divided as follows: Chapter 1, anatomy of the female organs concerned in generation and parturition; 2, physiology; 3, anomalies occurring in gestation; 4, some conditions incidental to pregnancy; 5, some accidents of pregnancy; 6, dystokia; 7, embryotomy; 8, monstrosities; 9, diseases of foetus; 10, maternal dystokia; 11, some accidents following parturition; 12, some pathological conditions following parturition; 13, diseases of the mammary glands; 14, milk, its composition, etc.; 15, diseases and abnormalities of the young animal.

We shall be surprised if Dr. Dalrymple's book does not secure a wide circulation among the reading veterinarians of the country, but we are sorry to say that a great many of our large numbers do not delve very deeply into the precious truths that are so rapidly being placed before them. How they manage to intelligently apply themselves to the intricate questions which daily come before them is hard for those who are ever upon the search to understand. Veterinary associations are the avenues by which they may be led into the light of their shortcomings. First induce them to connect themselves with these organizations: the rest will follow.

PRACTICE OF EQUINE MEDICINE, A Manual for Students and Practitioners of Veterinary Medicine, arranged with Questions and Answers. By Harry D. Hanson, D. V. S., Associate Professor of Theory and Practice and Clinical Medicine in the American Veterinary College, New York.

The announcement is made elsewhere that the above entitled work is in press, and will be soon issued by the author. It will include the ætiology, symptomatology, diagnosis, and indications for treatment of the diseases of the horse, is to be well indexed, will contain many important definitions, sections on inflammation, physical diagnosis, etc.

We anticipate a valuable addition to equine pathology from our knowledge of the ability and experience of the author, who is in every way qualified for such an undertaking.

He announces also that the void which has so long existed in the absence of a treatise upon veterinary prescription writing is to be filled, as he has in preparation a small work upon this subject, which will include original prescriptions from the most prominent practitioners of the country.

VETERINARY OPHTHALMOSCOPY (*Précis d'ophtalmologie vétérinaire*). By T. Nicolas and C. Fromayet. 1 vol. 8vo. 200 pages. With 9 colored plates and 25 figures. Published by J. B. Baillière et fils, Paris.

The object of this work is to spread among veterinarians most useful information for the diagnosis of diseases of the eye. The clinical examination of the fundus oculi reveals not only many ocular affections but also some cerebral, renal, vascular diseases, as well as some general disturbances of nutrition, etc.; it constitutes, then, one of the principal methods of clinical exploration.

The atlas has been specially made for the practitioner; the plates drawn from nature are remarkably exact and their reproduction in colors most perfect.

The book is written by two physicians, one of whom is also a veterinarian, and both well qualified for the undertaking; it is divided into five chapters: 1. Anatomy of the globe. 2. Generalities on refraction. 3. Methods of exploration of the eye. 4. Normal condition of the fundus in the horse, ass, mule, cattle, sheep, goat, cat and dog. 5. Pathological conditions of the fundus, vitreous humor, optic nerve, retina, choroid.

TREATISE ON TECHNIC AND THERAPEUTIC SURGERY OF DOMESTIC ANIMALS (*Trattato di tecnica e terapeutica chirurgica generale e speciale degli animali domestici*). By Dr. N. Lanzillotti-Buonsanti, Director of the Milan Veterinary School. Fratelli Bocca, Editori, Milan.

Some years ago the first volume of this most complete work was issued. The second volume has just been published. It is certainly for the present the most thorough work of its kind in the Italian language. Forming a book of over 1000 pages, it contains no less than 528 woodcuts, and treats of the surgery of the head and trunk. The entire work is divided into two parts. In the first the entire surgery of the cranium, of the face, ears, guttural pouches, eyes, mouth, nasal cavities and salivary glands is minutely described. In the second the surgery of the neck, larynx, trachea, œsophagus, thorax, abdominal organs, receive also their deserved attention; and then come the various forms of hernias, the operations upon the genital and urinary organs,

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the castration of males, that of females,—and, to finish, the surgery of the tail. The bibliography which accompanies each branch is simply enormous and the references that are given show the immense amount of work that Prof. Lanzillotti must have gone through in preparing it.

The book is certainly a very valuable addition to Italian literature. It is one which veterinarians of all nations will be proud to possess and to profit by. The third volume is announced as being prepared. We have no doubt that, after reading the second, its publication will be anxiously looked for.

BONES OF THE EXTREMITIES OF HORSES, WITH INSCRIPTION OF THE INSERTIONS OF MUSCLES, TENDONS AND LIGAMENTS, with an Atlas of 18 Plates. By Doctor R. Schmaltz, of the Veterinary School of Berlin. Published by Richard Schoetz, Luisenstrasse, 36.

This is a truly artistic work, in which the bones of the legs are represented half natural size, perfect in detail and of a marvellous exactitude. On each bone is carefully and correctly outlined the place of ligamentous, tendinous and muscular insertions. There are triplicate plates, giving Latin, German and French names, in such a way that the reader can refer to each individual without difficulty. It is so handsomely made out that students cannot fail to see the profit they can have in studying with it their anatomy of the function of locomotion. Teachers of anatomy will certainly not fail to see the advantages they can derive from it in their own illustrations.

TREATISE OF BOVINE SURGERY (*Manuel opératoire pour l'espèce bovine*). By M. J. Guittard.

Though our works on operative surgery cover the general principles applicable to manipulation required in bovine surgery, the work of Mr. Guittard recommends itself by much information of importance which is not found in our works on surgery. The author has had years of practice, he is a close observer, and his very large country practice has given him many opportunities to overcome difficulties which are not met by the practitioner who has at hand all the paraphernalia of the operating room. On this account the contents of his manual will be of great interest to the young veterinarian who has just graduated and is certainly ignorant of the requirements and difficulties of bovine practice in the country.

The work is divided into five chapters and forms a volume of nearly 400 pages, illustrated by 112 plates. Sold by the author at Astaffort.



JURISPRUDENCE VETERINAIRE (Veterinary Jurisprudence). By A. Coutt.

This is a part of the Cadeac Encyclopædia, published by the house of J. B. Bailliere, forming an interesting volume of nearly 600 pages, in which this important branch of veterinary medicine is treated as it is applied to French legislation. The book is divided into four parts and each one of those into a number of chapters, where the subjects of sale, warranty, legal proceedings and expertise are fully treated. The last chapter of the fourth part, which treats principally of the diseases which are made by law inhibitory, is particularly interesting. The law which regulates what may constitute a breach of warranty sufficient to break off a sale made under the pretence of absence of any of the inhibitory vices is presented to the reader in such a manner that the duties of the veterinarian can be readily understood. To those who are by their professional calling required to be thoroughly posted on the subject of veterinary jurisprudence, the book will prove of great value.

## COLLEGE COMMENCEMENTS.

### AMERICAN VETERINARY COLLEGE.

The graduating exercises took place on Thursday afternoon, March 31st, in the lecture-room of the college building, and the President of the Board of Trustees, Dr. Faneuil D. Weisse, presented the diploma of the college, with the degree of D. V. S. (Doctor of Veterinary Surgery), to twenty-six young men, as follows:

Charles Steward Atchison, Brooklyn, N. Y.; Walter Gideon Biehl, Loyalsock, Pa.; William Franklin Braisted, Port Richmond, N. Y.; Peter Thomas Bergen, Fordham, N. Y.; John Mason Broadwell, Morristown, N. J.; John Francis De Vine, Rhinebeck, N. Y.; Howard Julius Earl, Natick, Mass.; George Percy Ellice, Jersey City, N. J.; R. W. A. English, Jersey City, N. J.; Edward Charles Fox, Baltimore, Md.; John Frederick Fausner, New York, N. Y.; William Henry Hogan, Bayonne, N. J.; William Lawrence Johnson, Brooklyn, N. Y.; Lester R. J. Limbeck, Jersey City, N. J.; James Jerome Molony, Brooklyn, N. Y.; Charles Henry Myers, Middletown, Conn.; Andrew Raphael Morris, New York, N. Y.; Joseph Franklin Price, Cogan Station, Pa.; Adolph John Pistor, Jr., Newark, N. J.; Wilbur John Southey, Bridgeport, Conn.; Edward Fairchild Sanford, Oxford, Conn.; Robert Allan Stimson, Port Henry, N. Y.; Charles Elmer Ellsworth Tomlinson, Williamsport, Pa.;

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Roger Irving Twombly, Alton, N. H.; James Washington Walker, Brooklyn, N. Y.; George Weisbrod, Brooklyn, N. Y.

George Francis De Vine, having passed the best general examination, received the Trustees' gold medal.

Adolph John Pistor, Jr., having passed the second best general examination and Edward Fairchild Sanford the next best examination also received prizes.

John Francis De Vine received the Faculty's gold medal for best practical examination before a committee of three practicing veterinarians of New York and Brooklyn.

The prize of Dr. Liautard for best anatomical specimen prepared by a member of the graduating class was awarded to Edward Charles Fox.

W. Fretz, of the second-year class, having obtained the greatest proficiency was awarded the free scholarship for the year 1898-99, and W. A. Young being the most proficient in the first-year class secured the half-year free scholarship, and the latter secured Dr. Liautard's medal for greatest proficiency in junior anatomy.

The annual alumni dinner was held in the evening at the Hotel Marlborough, and there were quite a number of the alumni present, twelve classes being represented, members of the faculty, and a few friends of the students. Toastmaster Hoskins was extremely versatile in his subjects, fitting them nicely to the personality of the gentlemen called upon, and the responses were happy and appropriate. The class historian kept the company convulsed with amusing "roasts" of his fellow classmates, some of whom took occasion to "roast" the "roaster" at the conclusion of his history. The banquet was over at half-past ten, and the party broke up amid cheers for their alma mater.

#### ONTARIO VETERINARY COLLEGE.

The graduating exercises of this college were held in the lecture hall of the college building, 40 Temperance Street, Toronto, Can., March 25, and the following gentlemen received their diplomas:

Walter J. Ackerman, St. Albans, Vermont; William L. Adams, Cabot, Vermont; Daniel Allen, Chesley, Ont.; Arthur E. Atwood, Somerville, Mass.; John D. Bell, Port Elgin, Ont.; Wm. D. Brand, Forest, Ont.; Charles E. S. Brind, Stourbridge, Eng.; Lawrence Bailey, Rosemont, Ont.; Samuel Caldbick, Brussels, Ont.; Geo. K. Cranston, Atwood, Ont.;

William R. Clark, Pettisville, Ohio; E. T. Cunningham, Colbeck, Ont.; Robert B. Coutts, Seattle, Wash.; Harlo R. Clark, Brookfield, N. Y.; J. G. Cruikshank, Deloraine, Man.; William Henry Corey, St. Albans, Vermont; Elues E. Cary, Orlando, Florida; J. L. Devereau, Waterbury, Conn.; Lawrence T. Dunn, Providence, R. I.; George H. Davidson, Grand Forks, North Dakota; James Dixon, West Liberty, W. Va.; Orvil A. Delong, Florence, Ont.; James Elmer Ellis, Rockport, Ill.; Geo. T. Elliott, Delhi, N. Y.; William E. Fairbanks, Lewiston, Maine; Carl Wallace Fisher, Cabot, Vermont; Thomas I. Fletcher, Ashland, Neb.; P. Le Clere Gauntt, Lumberton, N. J.; Benjamin W. Groff, Massillon, Ohio; George W. Higginson, Hawkesburg, Ont.; John P. Howland, Taunton, Mass.; Walter G. Hurgett, Wermersville, Pa.; Fred M. Hayward, Deansboro', N. Y.; G. Philip Hayter, London, Eng.; George T. Irons, Abilene, Texas; Andrew R. Jordan, Dutton, Ont.; Thorfin Lambrecht, Montevideo, Minn.; Edward Henry Lawley, Brandon, Man.; John S. McIntyre, Sandhill, Ont.; Duncan McKenzie, Teeswater, Ont.; Alexander McGregor, Poland, Maine; Archibald D. McLachlan, Crampton, Ont.; John A. McDonald, Chicago, Ill.; Roderick MacDonald, Rosshire, Scotland; G. W. Mackie, Summerside, P. E. I.; Hamlet Moore, Boston, Mass.; Frank J. Neiman, Marshalltown, Iowa; Ion Watson Parks, Burlington, Vermont; John S. Pollard, Ashton, R. I.; Burton W. Powell, Stockdale, Ont.; Horace Panet, Winnipeg, Man.; Louis Pauquette, St. Thomas, Ont.; John Albert Raleigh, Newcastle, Jamaica, W. I.; Thomas Rowland, Toronto, Ont.; Bertsch Royer, Birnamwood, Wis.; J. W. Rutlege, Portage La Prairie, Man.; Edgar Burke Shaw, Sommerhill, Ill. John Short, Grand Valley, Ont.; Harry W. Stedman, Springfield, Mass.; James E. Sexton, Westchester, Mass.; Andreas I. Sorensen, Modesto, Cal.; Edwin R. Stockwell, East Wilson, N. Y.; John Pront Straghan, Jewett Centre, N. Y.; Charles H. A. Stevenson, Carman, Man.; Thomas Sims, Willow City, N. Dak.; James T. Shannon, Lexington, Ky.; Samuel Shepard Treadwell, Brooklyn, N. Y.; Albert G. Van Tine, Mill Grove, N. Y.; Alfred C. Walker, Chichester, Eng.; William M. Wilson, Hartstown, Pa.; John Mason Young, Roland, Man.

The following were the prize-winners: The gold medallist was Mr. C. W. Fisher, of Cabot, Vermont. In diseases and treatment, 1st prize, silver medal, C. W. Fisher; 2d, J. T. Shannon; 3d, J. S. Pollard, P. Le C. Gauntt, and A. C. Walker. *Materia medica*, 1st, L. Baily; 2d, J. T. Shannon; 3d, C. W. Fisher.

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#### NEW YORK COLLEGE OF VETERINARY SURGEONS.

The conferring of the degree of V. S. by the Board of Trustees of this college occurred on April 1st, and took place in the lecture room of the college building, the following gentlemen receiving diplomas:

Philip Caspian Finn, William Lawrence Fowler, Niran Odell Gilbert, James Mannington Richardson, Arthur Ward Smith, James Edgar Smith, Valentine L. Smith, and William Henry Wheeler.

The gold medal for the best general examination was awarded to Dr. Richardson and the practical prize to Dr. Wheeler.

In the evening the faculty, class, alumni, and friends of the college enjoyed a delightful banquet at the Arena, Thirty-first Street, near Broadway, and when the dishes were cleared away, Toastmaker Wheeler introduced the various speakers, who responded to subjects as follows: "New York College of Veterinary Surgeons," Herman M. Briggs, M. D.; "Class of '98," Philip C. Finn, V. S.; "The Graduate," Harry D. Gill, V. S.; "The Alumni," James H. Ferster, V. S.; "Lost Opportunities," George P. Biggs, M. D.; "Business Methods," R. S. Huidekoper, M. D., V. S.; "The Press," W. Horace Hoskins, D. V. S.; "Farewell Greeting," Arthur Ward Smith, V. S.

#### M'GILL UNIVERSITY (FACULTY OF COMPARATIVE MEDICINE AND VETERINARY SCIENCE).

The graduating exercises were held in the William Molson Hall, Friday afternoon, March 25th, and twelve gentlemen received their degrees of D. V. S., as follows: W. B. Wallis, John P. Spanton, W. Lincoln Bell, D. Cullen, L. A. Paguin, B. K. Baldwin, J. B. Hollingsworth, A. W. Cleaves, J. B. Hart, G. H. Lambert, J. G. Pfersick, and G. H. Burke. Prizes were presented as follows: Veterinary medicine and surgery, W. B. Wallis; cattle pathology, W. B. Wallis; pathology, W. B. Wallis; materia

medica, W. B. Wallis and W. L. Bell; anatomy, James McGregor; physiology, James McGregor; botany, B. F. Humphries. The Dean's silver medal for best general examination in all subjects went to W. B. Wallis. Best essay read before the Veterinary Medical Association, 1st, J. W. Symes; 2d, W. L. Bell; 3d, W. B. Wallis. Best essay read before the Society for the Study of Comparative Psychology, 1st, J. B. Hart; 2d, L. A. Paquin. Examination of horses for soundness, W. L. Bell. The valedictory was delivered by W. Lincoln Bell, and the address to the graduates by Prof. M. C. Baker.

#### M'KILLIP VETERINARY COLLEGE.

The second annual commencement exercises of this school were held in the college auditorium on March 30, the baccalaureate address being delivered by Prof. L. A. Merillat, the salutatory by Louis Wagner, of the graduating class. The class history was read by Addison C. Spurling, the prophesy by J. H. Hawke, the poem by C. B. Davis, and the valedictory by William Wilson. President McKillip conferred the diploma of the College upon the following gentlemen: George J. Dandurand, Clarence B. Davis, James H. Hawke, Frederick J. Leith, M. D. C., Charles J. H. Schroll, Addison C. Spurling, Louis Wagner, William L. Williamson, William Wilson, and W. E. A. Wyman.

### CORRESPONDENCE.

#### VETERINARY EDUCATION IN NEW YORK STATE.

FLUSHING, NEW YORK CITY, March 18, 1898.

*Editors American Veterinary Review:*

DEAR SIRs:—Although the two opposing views about the prospects of veterinary education in this State have now been stated by the junior editor of the REVIEW and Prof. Williams, of Cornell, it would be well to hear the arguments of those who are not connected with any particular school, because their judgment may be taken as impartial.

I agree with the REVIEW that the two successive leaps in the entrance requirements for veterinary students were not only unwise but injudicious, and that they have put a temporary check upon a number of intending students. Yet, it is hardly probable that such young men will be driven to the veterinary schools of neighboring States, because the great majority of them would certainly wish to practice in their home State, and

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they will realize what little chance they have to pass the examination for license to practice in New York. In this regard the law is retroactive. Thus I believe that to these students is left only the other alternative to drill their brains up to 48 Regent counts. That this is expecting too much of any young man possessed of a clear mind and average will-power, I deny positively. While the four-year high school work required constitutes a fair school education, nevertheless, as long as no classical studies are called for it remains essentially a common English education. Such is now more or less expected of any young man entering life-work that presupposes a higher mental training than that conceded to be necessary for the practice of the common trades—and it would be an insult to the science of veterinary medicine to assume that it belongs to such company. Personally I am convinced that the flooding of veterinary schools with students during the flowering period has not been due to the low education then required, nor that the present decline in students is solely due to the higher requirements. History repeats itself, and the roads of professional evolution appear to be regulated by some eternal law, for it is a historical fact that a rise in educational requirements in the old schools has not been directly beneficial to them as regards the number of matriculants, unless accompanied or shortly after followed by a rise in the standing of the veterinary schools and by a general betterment of the status of the veterinarian as regards higher rank and better pay in established official positions and by opening up new channels of employment. But in our case the State has simply ruled to what degree veterinarians must be educated without regarding the condition of the veterinary schools, and without providing for educated labor and official employment. True, ours is a democratic country, where the scientific professions are not fostered by the State, but left to private enterprise. Nevertheless, the educated young man or his parents or advisers do not fail to observe what humble social position the average veterinarian commands, how small his remunerations are for his hard and intelligent labor, and how few desirable positions are offered him after all the years of study in school and college. I believe, therefore, that as long as our veterinary schools retain the livery-stable type in their outward appearance and remain below a university teaching in spirit and as long as the general prosperity of the profession stagnates and stays as uninviting as it notably is at present, few students will be attracted to enter the profession.



What to do in order to recruit the New York veterinary schools appears to me, therefore, simple enough in theory, but I admit it will entail an enormous amount of labor and great personal sacrifice of those most directly concerned in order to carry out the changes which must be made to suit the new state of affairs. The Cornell Veterinary School being satisfied and successful, as told by Prof. Williams, with a rather ungracious air of superiority, we let it stand uncontested in its desired isolation. But our sympathy must be with the two New York City schools. They, too, have rights of their own, but which were visibly, almost intentionally, overlooked. They are both old and tried, have toiled hard and struggled bravely. They have a number of men in their faculties, the names of whom shine with lustre in the roll of our profession. The turn of events has struck these colleges squarely, and in spite of all the courage exhibited, their friends believe them in a critical condition. Surely they ought not to be allowed to decay or die. New York, the gigantic city of age and riches, will always nourish a veterinary school of the right kind, but only *one*, and this one must be "up-to-date." Let us advocate, without fear or favor, that the two New York City schools shall consolidate into one in order to perpetuate the fame of both, to double their strength as a faculty, to lessen their expenses of maintenance, and to kill forever that futile and sterile rivalryship which works upwards back into the lives of their graduates, poisoning their professional colleagueships and preventing the existence of a respected scientific body that can guide the destinies of the profession.

After the two old schools have been welded into one, that new institution must search for material support. Students' fees alone will no longer provide for maintenance of any scientific college provided with modern equipments, because the expense of acquiring and maintaining them has become too great. Fine buildings are not absolutely necessary; some of the renowned old schools of Europe are housed in decrepit walls—but their soul is great. The soul of a great school is its faculty, and half a dozen veterinary professors, which are known for their scholarship or great practical skill, will draw more students than fine buildings, fine equipments, fine locality and all the other fine things taken together in one basket. But scholarly professors are seldom rich and cannot lecture free of charge, or for the honor there is in it, and to the busy and skillful practitioners the time given to a lecture is worth so much in money. Thus great faculties are expensive.

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There are those who favor the continuance of an independent college, supported by endowments. This is all very well, and we may agree with them that it is perhaps the ideal form for a veterinary college, if judged from the success of some of the old schools of Europe. Yet others will fear with me that endowments will not be easily secured, for philanthropists have never yet turned their love towards our profession, as is natural enough, and of zoophilists it is said that they die poor. So the luck is against us. But, besides, it has been demonstrated over and over again during the last few years that the tendency of individual schools has been and still continues to be towards affiliation with the great universities of the land; and many a well-known medical school, law school, divinity school, and even some veterinary schools have given up their independence for the price of the moral, social and scientific support and the prestige bestowed upon a college by a university, which is also acknowledged by the general public. Why, for instance, the doors of Columbia University of New York should be closed to the reception of a veterinary school consisting of a high-grade faculty and students of equal education with those of medicine and superior to those of law, I cannot understand, because I am quite familiar with the views of a number of presidents of universities in the middle and western States. I have always found them highly interested in our professional development and fully realizing the important part which veterinary medicine is to play in the economic life of a great and cultured nation.

I wish to give these thoughts and suggestions a start and truly hope they may soon assume the form of enthusiastic and energetic action.

OLOF SCHWARZKOPF.

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CREDIT TO WHOM CREDIT IS DUE.

LEXINGTON, ILL., April 16, 1898.

*Editors American Veterinary Review:*

DEAR SIRs:—In your April issue of the REVIEW I find the article entitled, "Treatment of Parturient Apoplexy," over my signature. I am at a loss to know how my name became attached to it, as the credit should be given to Dr. H. A. Pressler, of Fairbury, Ill.

Trusting you will give the doctor full credit for same, I am,

Very truly,

W. H. WELCH.

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A HORSE is as much better than a bicycle as a thing of life is better than a lifeless thing.—(*Brooklyn Eagle*.)

## SOCIETY MEETINGS.

### CHICAGO VETERINARY SOCIETY.

Meeting called to order April 14th by the President, Dr. Walker. On count only eight members were present. Three visitors were in attendance. The minutes of the previous meeting were read and approved. The application of Dr. F. Lockwood Wingate for membership was duly approved and the doctor elected to membership.

#### REGULAR PROGRAMME.

Dr. Frank Allen presented his paper on "Dental Cysts, Deafness, Paralysis of the Ear, Tumors in Cartilage of the Ear, Fistula and Ménière's Disease," as follows:

*Dental Cysts.*—These may be found in all parts of the body, but generally in the sinuses of the head and near the base of the ear. They consist of a membranous sack containing developed or partially developed teeth. They would, in my opinion, constitute an unsoundness, necessitating a surgical operation for their removal, although many animals pass through life without one and are still serviceable.

*Deafness.*—This, from whatever cause, whether congenital or accidental, is a decided unsoundness. The causes of deafness in a horse are numerous and not well understood. Since the overhead trolley wires have been in existence I have come across several cases from severe electrical shocks.

*Paralysis.*—This, although a great disfigurement, I should hardly call an unsoundness, as a horse with paralysis of either one or both ears is just as good for service as a horse without. I should consider it a bad blemish, but not unsound.

*Cartilage Tumors (Enchondromata).*—These tumors, if they should grow from the cartilage of the ear, although I have never seen one, I should consider them a decided unsoundness. Judging from my experience with them on the sternum, where I believe unless operated upon at a very early stage, they are incurable, and they seem to grow again faster than ever after being removed.

*Fistula.*—This is an unsoundness, in my opinion, necessitating a surgical operation. I have come across two of them recently, both passing from the inside of the conchal cartilage, running downwards and forwards about four or five inches. They both healed up nicely after being curetted out. I believe a common cause of these to be the use of a twitch on the ear.

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*Ménierè's Disease* (Labyrinth Vertigo).—This disease I believe to be a most important one from a medical and legal point of view in an examination for soundness, for, as far as I am aware, there are no symptoms by which it may be detected unless the animal should be seized with vertigo while being examined, which would be improbable. That this disease occurs in our patients very frequently I firmly believe, and also that many of us make an error in diagnosis by calling it megrims, or staggers, and account for it by a reflex action from the intestinal tract, but surely if errors in diet were always the cause megrims would be far more common with us than it is. What brought this disease prominently to my notice was the fact that I unwittingly purchased an animal affected with it for my own use, and which afterwards showed all the symptoms of this disease as manifested in the human being. If you will pardon me for a few moments, I will give you the symptoms of this particular case, as I had an opportunity to hold a post-mortem on it, for the animal kindly committed suicide while in my possession.

After I had purchased the animal, I asked the owner if he had any bad habits. He said no, except that he had "a bee in his bonnet." I drove him for awhile, and one day while climbing a hill at a walk, he suddenly jumped to the right side and shook his head as if a wasp were in his left ear, staggered and would have fallen if I had not jumped to his head. When I went to put my hand up towards his ear it seemed as if his vision was distorted, for he shrank away as if he expected to get hit; the conjunctiva were highly injected. In about fifteen minutes he was able to stand without help, and in half an hour fit to be driven. I tried dieting, bleeding, physic—bringing no results. On post-mortem I found the Eustachian tube on the left side greatly reduced in size, as was also the guttural pouch and the membranous labyrinth in a state of inflammation and about one-half the diameter of the right ear. I will try to explain my theory for this disease:

I believe that it is caused by a hyperæmia of the membranous labyrinth and a partial occlusion of the Eustachian tube, and not a hæmorrhage into the labyrinth, as suggested by Fleming, for if that were the cause why should the symptoms be only transitory? The hyperæmia depending on either, first a venous stasis from mechanical or other obstruction to the return current, or, second, an increased arterial supply. First, the causes of the venous stasis might be mechanical obstructions to the



great vessels of the neck by collar, etc., the sudden lowering of the head, the venous current being retarded by gravitation, coughing by increasing the thoracic pressure and so obstructing the passing of blood into the right auricle. Second, increased arterial supply produced by sudden physical exertion, rigidity of the walls of the arteries by diminishing the elasticity and so increasing the pressure. The increase in the labyrinth blood supply in the human is characterized by vertigo, impairment of vision, etc., and why not in our patients? We are all aware that the semicircular canals are closely connected with coordination of movement and equilibrium, as experiments prove that section of one side of them caused incoordination on that side and section of both loss of equilibrium. Epidemic parotiditis is particularly apt to affect the labyrinth structures, and recent investigations prove this to be due to infection from the blood current. The same disease would also affect the middle ear by partial occlusion of the Eustachian tube, thus rendering the air pressure on the tympanum unequal, and knowing that this in a human being will give rise to symptoms analogous to labyrinth vertigo why should it not do so in a horse, and I believe future post-mortems will prove that partial occlusion of the Eustachian tube is a frequent cause of this trouble. Of course, if this disease could be detected during examination, it would, in my opinion, constitute an unsoundness.

#### DISCUSSION.

*Dr. Walker:* I owned a horse which after my having him for about six weeks tried to get his head through the wall of his stall one night. I got him out and sent him to pasture for about two or three months and afterwards sold him. Two or three weeks later he was hurt again and I found him to be in the exact condition as at the time when I bought him. I think that there are some cases where it is quite possible to detect them. You will find them to be very bad leaders if you lead them from behind, and if a man tries to lead him with a halter he is inclined to pull back, but there are many cases where they deceive a veterinary surgeon.

*Dr. Robertson:* I have never been able to diagnose a case.

*Dr. Baker:* Mr. Chairman:—I never had an opportunity of making an autopsy on a case of this kind, but they are comparatively not rare in practice. I rather admire Dr. Allen's theory with regard to the cause, especially after he had found an occlusion of the Eustachian tube. I think I could suggest as a possi-

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ble additional cause of the hyperæmia of the labyrinth that it might come directly from that, for the function of the Eustachian tube is to relieve the drum from excessive tension, and on this account there might be a great deal of tension of it. This naturally, especially in cases of violent sounds, would produce such violent movements of the drum as to increase pressure on the internal ear, and through that presumably a congestion takes place, so that with the fact existing, as proven by the post-mortem, there is occlusion of the Eustachian tube in such a case, the result seems to be quite philosophical. In the paper, which I think, although short, was very good indeed, Dr. Allen speaks of congenital or accidental cysts. I could hardly imagine a cyst like that being accidental. I supposed they were always congenital. Then regarding his conclusion regarding soundness or unsoundness in paralysis of the ear. If he recognized it as paralysis, it is a diseased condition. I am inclined to call it an unsoundness, and I would not call a horse that has paralysis of one or both ears sound.

*Dr. Allen:* I think Dr. Baker makes a mistake in saying that I said that dental cysts are congenital or accidental. I said that deafness was congenital or accidental.

*Dr. Baker:* Speaking of congenital deafness. Many cases of congenital deafness in both horses and dogs which I found myself were without any external opening. The skin was grown right over the auditory canal. Hearing was restored by simply cutting and opening through, removing the skin that occluded the external auditory canal. Dr. Allen did not refer to any particular cases of deafness either congenital or accidental.

*Dr. Campbell:* I would like to ask Dr. Allen just in what condition we would find a horse in paralysis of the ear. What is it, a lop ear?

*Dr. Allen:* What I have seen in cases of paralysis of the ear have been in conjunction with paralysis of the lip, and there was always a drooping of the ears which I would call a lopping.

*Dr. Campbell:* Did you ever hear of horses having had something put in their ears that were in that condition?

*Dr. Allen:* I have seen cases of that kind, but they would recover after removal of the foreign substance.

*Dr. Wingate:* I have seen cases in the West Indies where it is called lop ear. I do not know whether it is due to paralysis. It is due to a very large tick that is found there and if not looked to in time is apt to destroy the ear, and sometimes the ear drops off. This tick seems to be very fond of the ear and it

is very prevalent out there. In fact they are so prevalent that nearly every time before grooming the horse they look after the ticks first and remove them.

*Dr. Walker:* I cannot agree with Dr. Allen that ears with paralysis are sound, though I have seen many lop-eared horses that I consider sound. I remember one that I saw some two years ago. He was taken into a blacksmith shop and he was somewhat ugly to shoe. They put a twitch on him, but it slipped off. The blacksmith then hit him with it and he had paralysis of the ear. I saw him several hours later and pronounced him to be an unsound horse. There are several breeds of horses lop eared, for instance, the mule or the jack, but I think when it comes down to a horse with paralysis of the ear I consider him an unsound animal.

*Dr. Campbell:* Mr. President: This Ménierè's disease I never heard of until Dr. Clancy gave me the list, and I would like to ask Dr. Allen if there is much of it.

*Dr. Allen:* I think that nine out of every ten cases of staggers are Ménierè's disease. You will find it mentioned in two or three books on the human being. When I had this horse some two years ago there was quite a discussion in England over this disease. Dr. Fleming read a paper on it before the Central Veterinary Medical Association in 1885. He says he never made a post-mortem examination. None of the gentlemen present had ever done so.

*Dr. Robertson:* Mr. Chairman: I am inclined to favor Dr. Allen's philosophy on this disease, especially in regard to these so-called cases of staggers. In all cases that I have run across I find it to differ from staggers. I have seen different digestive troubles, such as partial loss of sight, also pressing the head against the wall, etc., following indigestion or some trouble of that kind, but I have never seen this peculiar shaking of the head that would indicate an ear trouble. Horses that I have known that were attacked in this way have been always properly taken care of and their previous history was all right. Their digestion was good. I don't see how we get this peculiar shaking of the head, unless from ear trouble. I think the doctor's philosophy is correct, and it would be well to investigate future similar cases.

*Dr. Allen:* In one of my cases, the only treatment of any effect was hypodermic injections of pilocarpine, and this helped only temporarily. I tried bleeding, physicked him—in fact tried everything, without any effect. Hot or cold weather made no difference.

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On motion the discussion was closed.

The resignation of Dr. E. L. Quitman was again laid over until next meeting. The resignation of Dr. Frank Allen was presented for action. Upon request of the President, Dr. Allen withdrew the resignation.

Motion by Dr. Baker, seconded by Dr. Robertson, that the President hire the society room of the St. Andrews Society for the use of the Chicago Veterinary Society, so that we be enabled to have our own society room. Voted—carried.

On motion, adjourned.

L. CAMPBELL, *Secretary*.

#### VETERINARY MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA.

The regular bi-monthly meeting was called to order by the Vice-President, Dr. Buckingham, at Elks Hall, 1006 E Street, N. W., Washington, D. C., on January 20. Members present; Drs. French, Robinson (C. B.), Buckingham, Barton, Walmer, Turner, Salmon, C. F. Hadfield, R. H. Hadfield, and Yetton.

Unfinished business was the report of the Legislative Committee on the bill introduced in Congress to regulate the practice of veterinary medicine in the District of Columbia. The committee reported that it had drawn a suitable bill and that it was before the District Committee at that time.

Drs. Barton and Walmer were appointed a committee to draw up suitable resolutions in memory of our late fellow-member, Dr. Adamson, who was recently killed while in practice, at Minneapolis.

A paper was read by the Secretary, regarding the workings of the Newark (N. J.) Milk Company.

Dr. C. B. Robinson made an interesting report on his inspection of the cattle and dairy of the Pasteur Milk Co., a company in which the District Medical Society is largely interested.

Dr. Salmon gave a very interesting and profitable address on the meat inspection methods of the Agricultural Department, following which was a general discussion on the subject of meat inspection.

Dr. C. B. Robinson then reported a disease discovered and named by him as "Sonus Neurosis." This disease is found only among horses serving in the fire department, and has been under observation for several years. During the last two weeks four cases were observed. The symptoms are manifested upon

the ringing of the gong in the station or hospital or even by a pistol crack or the sudden slamming of a door. Immediately following any of these noises the animal gets excited and a spasmodic contraction of the muscles of the leg will be observed, either fore or hind leg may be equally affected. The leg will frequently be elevated to an angle of 45 degrees and held there some time. Ringing the gong continuously increases the symptoms. The lameness does not persist, as the animal warms out of it. When cases are taken to the hospital they usually resolve in a few days, but frequently re-attacks occur and several horses have been transferred to other work than answering fire alarms owing to its persistency. At other work these symptoms are not observed. Dr. Robinson's theory is that of auditory irritation.

The President appointed Drs. French and Walmer to prepare papers for the next meeting.

Upon motion of Dr. Salmon the meeting adjourned.

The regular bi-monthly meeting was called to order, March 26th, by the President, Dr. Acheson. The following members responded to the roll-call: Drs. Acheson, Barton, Buckingham, R. A. Hadfield, Pearson, C. B. Robinson, Turner and Yetton. Visitor: Dr. Robertson, Veterinarian, U. S. Army.

The Legislative Committee, through its Chairman, Dr. Buckingham, reported its inability to get a hearing before the District Committees of Congress.

The Committee on Resolutions appointed to draw up fitting resolutions relative to our recent loss, by death of Dr. John H. Adamson, reported the following resolutions:

WHEREAS, It has pleased Almighty God to remove from his earthly labor our fellow-member, Dr. John H. Adamson;

WHEREAS, This Association deeply grieves the loss of Dr. Adamson, who, by his genial disposition, manly traits, and high professional attainments, has endeared himself to all of us; be it, therefore,

*Resolved*, That a copy of these resolution be spread on the minutes of this Association and a copy be forwarded to each of the veterinary journals and to the family of our deceased member.

The election of officers to serve for the coming year resulted in a re-election of the present officers, as follows: President, Dr. Acheson; Vice-President, Dr. Buckingham; Secretary and Treasurer, Dr. Turner; Trustee for three years, Dr. C. B. Robinson; Trustee for two years, Dr. Pearson; Trustee for one year, Dr. Walmer.

*Papers and Reports of Cases.*—The papers which were to

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have been read at this meeting by Drs. Walmer and French, were continued over to the next meeting.

Dr. C. B. Robinson reported another case of "Sonus Neurosis," which has been under the observation of several of our members. In speaking further about this disease, Dr. Robinson stated that during his connection with the fire department of the district, during the last fifteen years, he had seen more than 50 cases of this disease, but had never reported them, supposing the disease had been observed abroad, but after a recent search of veterinary literature on the subject he had failed to see it mentioned; therefore, he had taken the liberty of naming and describing this disease. The disease is spoken of as "gong lameness" in the Fire Department.

Drs. Walmer and Robinson made a report on some tuberculous herds recently tested with tuberculin. In a herd of 48 cows, three reacted. Two of these cows were in fair condition, large milkers, reaching  $108^{\circ}$  and  $107.6^{\circ}$ . Each received 2 c. c. of tuberculin and in both cases the milk secretion was permanently stopped and each cow had been milking  $3\frac{1}{2}$  gallons a day. Post-mortem alterations were almost microscopic in size and carcasses passed for meat. A "bulling cow" in this herd whose normal temperature was  $102^{\circ}$  F. went to  $103^{\circ}$  F. in 15 hours. She was killed by request of owner, but no diseased condition was found. Another cow in this herd had a large ulcerating tumor on the jaw, supposed to be actinomycotic in origin. This cow did not react. The tumor was examined by Dr. Lamb, of the Army Medical Museum, and proved to be tuberculosis.

In another herd of 31 cows, 15 reacted and were condemned for dairy purposes. The owner endeavored to have them slaughtered in the District of Columbia, but failed. He then shipped them to Alexandria, Va., but the efficient State Veterinarian of Virginia, Dr. Niles, was notified, and he refused to let them be slaughtered for food purposes. They were then shipped to Baltimore and Dr. Clements was notified and he promptly turned them down. The owner then (March 8th) shipped these 15 cows to Wilmington, Del., and they were there slaughtered and sold, since the State was without any official veterinarian who could be notified. This illustrates the value of official veterinarians acting in harmony and the loss a State bears without having one.

The recent farmers' institute held at Alexandria, Va., was brought up in this discussion, and the action of Maj. Alvord,



Chief of the Dairy Division, Bureau of Animal Industry, was severely criticised for denouncing the use of tuberculin in testing dairy herds.

The question of passing cows for dairy purposes in which but three of the teats were secreting was warmly discussed by those present. On most farms the owner claimed to use the milk of "three-teaters" for family purposes only. Dr. Robinson found pus in most of these non-secreting quarters. Where quarters were atrophied and clear of nodules and pus, he passed the cows for dairy purposes.

In this discussion the recent decision of the Attorney for the District was severely condemned, in which he held that cream was not milk and that dairymen who have had their licenses revoked for keeping unsanitary dairies could ship cream into the District without having such license.

Meeting adjourned.

J. P. TURNER, *Secretary*.

#### VETERINARY MEDICAL ASSOCIATION OF NEW YORK COUNTY.

The regular monthly meeting of this association was called to order in Room 37, New York Academy of Medicine, at 8.30 P. M., April 6, Dr. Huidekoper presiding. On roll-call the following members responded: Drs. Bretherton, C. C. Cattanach, J. S. Cattanach, J. S. Cattanach, Jr., Dickson, Dair, Ellis, Farley, Gill, Huidekoper, Lamkin, Machan, MacKellar, Murphy, Neher, O'Shea and Ryder (18).

*Report of Judiciary Committee.*—Dr. O'Shea (Chairman) reported that the bill introduced to allow Charles McCormick, of the city and county of Albany, to practice, although it had passed the Assembly, was killed in the Senate, and that the bill exempting veterinarians from jury duty in New York and Kings Counties had passed both houses and was in the hands of the Governor, awaiting his signature to become a law. Moved and seconded, that the report be accepted as read. Carried.

*Ways and Means Committee.*—Dr. Ryder (Chairman *pro tem.*) reported for this committee that at the May meeting Dr. J. S. Cattanach will read a paper on "Economy in the Practice of Veterinary Medicine," and that Dr. Lamkin will read a paper on "Parturient Apoplexy." Moved and seconded that the report be accepted and placed on file. Carried.

*Testimonial Committee in behalf of Dr. O'Shea.*—Dr. J. S. Cattanach (Chairman) reported that he had done considerable

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work, but required more men on the committee and requested that two more be appointed. This request was granted, and the President appointed to act with that committee Drs. Delaney and Grenside.

*Papers.*—Dr. Huidekoper delivered a most interesting and instructive discourse on "Navicular Disease." The discussion which followed was led by Dr. A. W. Clement, of Baltimore, who mentioned as a treatment for this condition what he termed "surface firing," with the thermo-cautery. This treatment, in which the skin is *not* punctured, is repeated daily for a time, then every second day, with good results. Among the discussionists that followed were Drs. Neher, Schwarzkopf and Clayton. Moved and seconded that the discussion close. Carried. Moved and seconded that a vote of thanks be extended the essayist for his most excellent address. Carried.

Dr. Ryder next read a paper entitled "College and State Examinations." Dr. Biggs led in the discussion of this paper, and was followed by Dr. A. W. Clement, member of the State Board of Examiners of Maryland. Among the discussionists who followed were Drs. Gill, Moeller, De Vine and Huidekoper. Discussion was closed by Dr. Ryder. Moved and seconded that a vote of thanks be extended to Dr. Ryder. Carried.

The following communication from Dr. Roscoe R. Bell was read by the Secretary :

NEW YORK, March 2, 1898.

*Dr. R. W. Ellis, Secretary V. M. A. N. Y. County :*

DEAR DOCTOR :—I hereby tender my resignation as Chairman of the Committee of Ways and Means of this Society.

ROSCOE R. BELL.

Moved and seconded, that the resignation be referred to the Board of Censors to report on at the next meeting. Carried. Moved and seconded, that the meeting adjourn. Carried.

ROBERT W. ELLIS, D. V. S., *Secretary.*

#### UNITED STATES V. M. ASSOCIATION.

A newsy letter from Secretary Stewart, dated April 18th, to the editor of the REVIEW, gives such a comprehensive narrative of National Association affairs that we subjoin the salient points in the writer's own words. After speaking of the great amount of correspondence which he is conducting in its interest, he says :

"The Association's affairs seem to be moving forward very encouragingly, and the outlook is flattering for a good programme and a successful meeting. I believe the discussion on meat inspection will prove an attractive feature. The discussion will be directed along lines calculated to help the veterinarians in cities to develop public sentiment in favor of this sanitary regulation, as well as outline the general principles governing such inspection. Every city and town should employ veterinary sanitary officers, and will some day. It is hoped this discussion will aid in hastening the day. In every city and large town there are veterinarians who would gladly serve the public as inspectors of meat markets and slaughter-houses. They would work for the establishment of such inspection, and are, perhaps, now doing what they can to that end. This Association can materially aid in this movement by a liberal discussion of the subject.

"Dr. C. A. Cary will discuss 'Reasons for Meat Inspection'; Dr. W. Horace Hoskins will discuss 'Methods of Educating the Public as to the Necessity for Inspection'; Dr. Leonard Pearson will discuss 'The Necessity of Consolidation of Municipal Slaughter-houses into Large Abattoirs under Municipal Control'; Dr. Thomas J. Turner will discuss 'Slaughter-house Inspection'; Dr. Chas. W. Heitzman will discuss 'Retail Market Inspection.'

"In addition to the discussion, a large variety of pathological tissues will be exhibited in demonstration of diseases found in slaughter-house and market inspection.

"Papers will be presented by Dr. James Law, Dr. Roscoe R. Bell, Dr. Tait S. Butler, Dr. C. A. Cary, and Dr. A. J. Anderson, of Nebraska.

"Dr. Peters writes that the Nebraska Association will endeavor to procure cases suitable for a surgical clinic, and will do everything possible to make this feature of our meeting interesting and instructive. He hopes to secure a suitable place for holding the clinic, close to the Association headquarters, and it is believed that the operations can best be performed in the morning hours prior to the opening of our morning sessions of the first and second days.

It now remains to secure the operators. I have not yet found time to extend invitations. You would do me a great favor by suggesting the names of some of our Eastern members who are particularly skillful in surgery, and perform especially well some of the major operations."

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### VETERINARY MEDICAL SOCIETY, UNIVERSITY OF PENNSYLVANIA.

Meeting was called to order at 8 o'clock P. M., March 25th.

Mr. H. Hoopes, who was appointed as a committee to see about the certificates, made a report at the last meeting. He said that the society bought sixty certificates for seventy-five dollars at Avil & Co.'s. Thirty were taken last year and the remainder to be taken this year. It was moved and seconded that the Executive Committee be instructed to buy the other certificates of Avil & Co., and have enough stamped for the members of the classes of 1899 and 1900.

Mr. E. Newcomer made a report and said that he had the library magazines bound.

Mr. Thomas Sharpless, of Chester County, gave a very interesting talk on "Breeding and Care of Swine." It was a very interesting talk, for Mr. Sharpless undoubtedly understands his business. He is the most extensive breeder of the Chester White swine in this country. Mr. Sharpless was accompanied by his friend, Mr. Walters.

Mr. S. McClure was very influential in getting up the interesting programme for the last meeting, and the society extended him a vote of thanks.

M. JACOB, *Secretary*.

### MAINE VETERINARY MEDICAL ASSOCIATION.

A meeting of the Maine Veterinary Medical Association was held at Elmwood Hotel, Waterville, Wednesday, April 13. A fair number of members were present. Both the President and Vice-President being absent, Dr. H. H. Choate was elected President *pro tem*.

The election of officers resulted in the choice of Dr. W. L. West, of Belfast, President; Dr. F. L. Stevens, of Farmington, Vice-President; Dr. I. L. Salley, of Skowhegan, Secretary; Dr. A. Joly, of Waterville, Treasurer. The President appointed Drs. Russell, Choate and Joly Executive Committee.

Dr. A. Joly read a paper on the "Intratracheal Administration of Drugs." After a somewhat animated discussion, it was conceded that this method is a safe and oftentimes very convenient one, and that the effects are quick and sure.

Dr. West read a paper on "The Needs of the Maine Veterinary Medical Association," which will do the association much good if the members will take the timely admonition in regard to attendance at meetings.

Dr. West was elected a committee to look after our Registration bill before the Legislature next winter.

Drs. Choate and Salley were appointed to read papers at the next meeting.

Voted to adjourn to meet at Belfast in July.

I. L. SALLEY, D. V. S., *Secretary*.

### MASSACHUSETTS VETERINARY ASSOCIATION.

The regular monthly meeting of the Massachusetts Veterinary Association was held at 19 Boylston Place, Boston, January 25, 1898. President Winchester in the chair. Members present: Drs. Beckett, Cronon, Cutting, Emerson, Frothingham, Hamilton, Lee, Lewis, McLaughlin, Parker, Pierce, Soule, and Winchester.

Dr. McLaughlin reported for the Legislative Committee, that he thought with the co-operation of each member of the association the veterinary bill would become a law at this session.

The essayist for the evening was Mr. Daniel S. J. Murphy, a student in the Veterinary Department of the Harvard Medical School, who read a valuable paper on "Roaring." A general discussion followed. Adjourned at 11.30 P. M.

HENRY S. LEWIS, *Secretary*.

### NEWS AND ITEMS.

A DOG AMBULANCE has been added to the hospital of the Veterinary Department of the University of Pennsylvania.

Dr. J. B. WRIGHT, recently located at Atchison, Kans., has accepted appointment as Inspector and has been assigned to duty at St. Joseph, Mo.

DR. JOHN S. MEYER, graduate of the American, class '87, formerly located at St. Joseph, Mo., is now practicing human medicine at Pocatello, Idaho.

A SPECIALTY DOG SHOW of bull-dogs and bull-terriers was held in April at the American Horse Exchange, New York, Dr. H. D. Gill being the veterinarian.

THE corps of Inspectors in the Bureau of Animal Industry stationed at Kansas City has recently been increased by the appointment of Dr. C. H. Canfield and Dr. H. B. Chaney, of Akron, Ohio, and Dr. F. S. McCurdy, of Philadelphia, Pa.

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DR. JOHN ROBERTSON (Montreal), formerly veterinarian to the Second United States Cavalry, has recently received his commission as Second Lieutenant U. S. Infantry. He will be transferred to the cavalry branch of the service at the first opportunity.

SANITARY MEASURE—BOVINE TYPHUS.—By order of the Minister of Agriculture, the importation into France and the transport of animals of bovine, ovine and caprine species and other ruminants coming from Asia, except the French colonies, are prohibited on account of the presence of typhus.

FOOT-AND-MOUTH DISEASE.—This affection is existing to an alarming extent in some parts of Italy. The most severe sanitary measures have been taken to control it. On account of the presence of the disease existing also in Switzerland, the importation of animals into the surrounding countries is prohibited.

DR. M. R. TRUMBOWER has located at Monett, Mo., and is devoting his energies to the relief of human ills. The doctor finds that his knowledge of medicine is highly appreciated and that he is doing well. He is still interested in veterinary medicine and expects to attend the Omaha meeting of the U. S. V. M. A.

DR. W. LINCOLN BELL, of Brooklyn, N. Y., who was valedictorian of the class of '98 of McGill University, has enlisted in Troop C, of Brooklyn, of which Dr. W. H. Pendry is veterinary sergeant, and Oscar Porzer, D.V. S., is also a member. The troop will soon (if it has not already) leave for active service in the war with Spain.

VETERINARIAN JOSEPH M. GOOD, of Chattanooga, Tenn., received the degree of M. D. at the commencement exercises of the Chattanooga Medical College on March 22. We trust the doctor will only use his new handle as an adjuvant to his veterinary practice, and has no intention of abandoning the equine patient. We need more of his kind.

OUR ESTEEMED CONTEMPORARY, the *Journal of Comparative Medicine*, is publishing "State Editions," the April issue being confined almost exclusively to veterinary affairs of the Keystone State, the May number to be devoted to the interests of the profession in New York. While we admire the enterprise of our colleague, we very much doubt the wisdom of ignoring veterinary topics in the remainder of the country on such occasions.

**TESTIMONIAL TO DR. ARTHUR O'SHEA.**—Because of his indefatigable efforts in behalf of his brother practitioners in securing the passage of the amendment exempting veterinarians of New York and Kings Counties from service upon juries, a Committee of the Veterinary Medical Association of New York County is receiving subscriptions to purchase a suitable token for presentation to the doctor expressive of their appreciation of his successful endeavors.

**A VETERINARIAN BECOMES A BONIFACE.**—We learn that that genial and loyal veterinarian, Dr. William Dougherty, of Baltimore, has just completed the purchase of the Hotel Studio, at Charles Street and Mt. Royal Avenue, in that city, for \$10,000, and that he will at once assume its management. During the spring and summer, he will erect an addition to it, and redecorate it throughout. Perambulating brother practitioners will always find a welcome there.

**APPRECIATIVE HORSEMEN.**—At a special meeting of the Board of Review of the National Trotting Association, a gold medal was presented to the well-known horseman, Henry Fleischman, of Vienna, Austria, in recognition of his liberality and enterprise as a buyer of trotters in this country. He was the pioneer in introducing the American trotter in Europe. The medal cost \$100, and was made by Tiffany & Co. to the order of Fasig & Co.

**BANDAGES FOR HORSES' LEGS.**—As illustrative of the value of the 95X bandages manufactured by Messrs. Spear & Co., of Bloomfield, N. J., the following letter is explanatory: "Kentville, N. S., Canada, March 28, 1898.—Spear & Co.: Gentlemen—Would like to have you send me catalogue of your specialties with prices. I think I can use a few of those raw silk rubbers if not too expensive. The bandages No. 95X are an excellent article. Yours truly, Fred. W. Steadman."

**RANK OF VETERINARIANS IN THE FRENCH ARMY.**—The question of reorganization of the veterinary service in the army has been presented to the Chamber of Deputies and the following ranks proposed for each veterinarian: Veterinary inspector, I, with rank of colonel; principal veterinarians of 1st class, II, rank of lieutenant-colonel; principal veterinarians of 2d class, 42, rank of major; veterinarians of 1st class, 159, rank of captain; veterinarians of 2d and 3d class, 192, rank of lieutenant and sub-lieutenant.

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**OVARIOTOMY FOR THOROUGHbred FILLIES.**—It is claimed that thoroughbred fillies from whom the ovaries have been removed will train better, keep in better condition, and be more reliable in races. The fillies Duplicate, Terrene, May Be So, and Factory Girl, the property of Messrs. Clay & Woodford, were recently unsexed, and their careers will be watched with interest. If the operation proves successful, it ought to become popular, and will eventually benefit the breeding interest by relieving the breeding ranks of many "weeds." It would also open up a new field for veterinarians.

**PROLIFIC PIGS.**—In times gone by, when fancy points were much more highly esteemed in pigs than at the present period, the breeding and suckling qualities of the brood sow were ignored to such an extent that the terms, pedigree pigs and sterile pigs were, to a considerable extent, synonymous terms. Not so now in some herds, as Mr. Sanders Spencer, of Holywell Manor, can relate numbers of instances of sows in his herd having litters of nineteen. At last, one of his sows has broken the record with a litter of twenty-five pigs, all alive and as playful as kittens. This is an age of progress.

**DR. E. B. ACKERMAN**, of Brooklyn, has recently been made the object of an attack by a disappointed seller of a horse. Called to examine a saddle horse for a member of the driving club of which he is veterinarian, the animal was condemned. The seller proved to be a member of the same club, who became incensed at the decision, and called in three other veterinarians, who passed the horse as sound, following which the seller preferred charges against the examiner before the Executive Committee of the club, who upon investigation found that the doctor had given an honest opinion, and dismissed the charges.

**THIS IS A WARM ONE.**—The following is a copy of an advertisement now running in a Western horse paper (with the advertiser's name concealed): "Dr. Blank's Magic Liniment, the greatest of all antiseptic wound dressings. Cures barbed wire cuts, fistula, piles, eczema, brands, old scars. I will give \$200 for any horse with barb wire wounds, also scars or blemishes such as are made with the branding iron, that I cannot cure and leave surface as if never disturbed. DR. BLANK, Veterinary *Oophorectimist*, Charleston, Ill." [How is that for a degree? The preposterous ass! Perhaps he thinks like Othello, "What wound did ever heal, but by *degrees*?"—S. R. H.]

**APPRECIATIVE VETERINARIANS.**—The editors of the

REVIEW have recently received so many letters accompanying renewal of subscriptions to Volume XXII in which the writers laud the work being done by this journal, and expressing the loss they would sustain if they did not regularly receive it, that it forces upon them the conviction that the only reason the REVIEW does not have upon its mailing list every veterinarian in the United States is because they are not aware of what they are missing. If every reader would make it a point to call the attention of his less fortunate brother to this fact, he would not only be assisting his colleague, but would be helping himself—for the REVIEW means just what it has often said: "The more patronage it receives the better it will be."

A VETERINARIAN THE INVENTOR OF THE PNEUMATIC TIRE.—It is not generally known that a veterinary surgeon was the source from whence sprung the present popular pneumatic tire, in universal use upon bicycles and racing sulkies and fast coming into general use upon pleasure and other vehicles; but we find the following item in the *L. A. W. Bulletin*, Boston, of April 8, 1898: "In 1889, J. B. Dunlop, a veterinary surgeon of Belfast, had constructed a hollow tire into which air was forced by means of a pump. A thin, endless rubber tube held the air, and a tough outer casing or shoe, of canvas and rubber, covered and enclosed the air tube. This, in turn, was cemented to the rim, thus providing an air cushion instead of a solid rubber tire. Experiments quickly showed that these pneumatic tires provided most luxurious riding, and added about two miles per hour to a rider's speed. These facts established their popularity, and they rapidly came into use."

THE VETERINARY MEDICAL ASSOCIATION OF NEW YORK COUNTY held a profitable meeting on the 5th ult., a full report of which will be found in the department of "Society Meetings." Two interesting papers were read, and the announcement of that fact brought a number of visitors to their very central rooms in the Academy of Medicine, much to the gratification of the members, clearly demonstrating the wisdom of the movement recently inaugurated to increase an interest in the proceedings among those without as well as within the membership by rendering the deliberations more instructive and valuable by providing topics for discussion, instead of the routine business of sometime ago, which consisted largely of the roll-call and a motion to adjourn. Among those present we observe the names of Drs. L. Nicolas, Charles Hall, Olof Schwarz-

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kopf, C. E. Clayton, M. Kenney, J. F. DeVine, J. William Fink, E. F. Sandford, Charles S. Atchison, James W. Walker, B. Günther, August D. Moeller, Geo. P. Biggs (M. D.), and A. W. Clement (of Baltimore, Md.). Many of these are metropolitan veterinarians, and would make excellent additions to the membership rolls. Every qualified veterinarian in this district should enroll himself, and work for the interests of the association, benefitting thus his calling, his country and himself. Blank applications will be gladly furnished by Secretary R. W. Ellis, 509 W. 152d Street, New York City.

DR. SALMON ON JUDGE RODGERS' DECISION.—Concerning the decision of United States Judge Rodgers, at Kansas City, to the effect that the system of meat inspection now in practice by the Bureau of Animal Industry was unconstitutional, Dr. D. E. Salmon, chief of that Bureau, says: "The decision, I think, is rather technical, and Judge Rodgers is probably a close constructionist of the law. We rely on decisions of the United States Supreme Court for authority to show that the government has the right to inspect meats intended for interstate shipment. The intent of Congress when it enacted this legislation evidently was that the animal was a subject of interstate commerce from the time it was shipped from the State in which it was raised until reaching the destination for consumption. There is nothing for the department to do in the case as it now stands. If the meat is inspected for domestic consumption entirely within the limits of the State, then the United States authorities cannot insist on an inspection, but just so soon as it passes beyond the borders then inspection will be necessary, as this requisite is imposed by the requirements of the law. A large amount of our meats are now exported to Europe, and foreign countries will not accept them if not properly tagged and branded with the inspector's mark. Should the decision of Judge Rodgers be accepted literally by the proprietors of the packing houses and should they refuse to permit our inspectors to do their work as heretofore, we shall when shipments reach the State boundaries, simply refuse to give a certificate of inspection."

VETERINARY SCHOOLS IN THE STATE.—The New York State Veterinary College is located at Ithaca on the campus of Cornell University, and the Legislature has voted thousands of the people's money to equip it and keep it going. The announcement for the coming year gives the class for 1897-1898. There are five third-year students, only one of whom is from

New York; eight second-year students, six of whom are from Ithaca and four first-year students. This is a very weak showing for the amount of money expended. What is the cause? The standard of admission to this and other veterinary colleges in the State has been made so high by the Board of Regents as to practically bar the majority of young men who aspire to the practice of veterinary medicine. A certificate of 48 academic counts is required to enter. The number of counts represented by each subject is: English, 8; geography, physical and political, 2; drawing, 2; American history and civics, 2; plane geometry, 4; algebra, 4; elementary French, 4; elementary German, 4; Latin, Cæsar and grammar, 8; chemistry, 4, and geology, 4. This is a formidable list, and it is pronounced unreasonable by some of the foremost scientific men in the State. If the Regents do not reduce the number of counts the Legislature should take the matter in hand next winter. It is absurd to spend the people's money in such a way as to furnish such insignificant results. While the veterinary colleges of this State are being strangled by the action of the Regents, those of other States and of Canada are doing a flourishing business. Students unable to pass a preliminary examination here find no difficulty in entering the schools at Toronto, Montreal and elsewhere.—(*Turf, Field and Farm*, April 22.)

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The leading practice of the entire region has for fifteen years been and is still being conducted in this property.

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I have the following volumes of AMERICAN VETERINARY REVIEW, bound full in sheep: Vol. XII, XIII, XIV, and XV; also, in cloth REVIEW bindings, Vols. XVI, XVII, and XVIII. Also, *Veterinary Journal* (England), Vols. XXIX, XXX, XXXI, XXXII, and XXXIII, cloth and half sheep. Address, T. J. TURNER, D. V. S., care Kington & Co. (Limited), Indianapolis, Ind.

#### BACK NUMBERS REVIEW WANTED.

I need No. 6 of Vol. XVIII (Sept., 1894), and Nos. 5 and 6 of Vol. XIX (August and September, 1895). I have a number of duplicate numbers, which I would exchange.

A. W. BITTING, D. V. M., Purdue University, Lafayette, Ind.

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